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95 APR 26 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **245087** (2)

1. Corporation Name
CENTRAL GARAGE, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 334 2ND AVE SOUTH ST PETERSBURG FL 33701	Mailing Address 334 2ND AVE SOUTH ST PETERSBURG FL 33701
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3. Date Incorporated or Qualified 02/27/1961	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business 21 2230 31st STREET So.	2a. Mailing Address 26 2230 31st STREET So.	4. FEI Number 59-0916656	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State ST. PETERSBURG, FL	27 City & State ST. PETERSBURG FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33712	25 Country USA	28 Zip 33712	30 Country USA

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**CANNON, JOHN W.
334 2ND AVE., SO
ST PETERSBURG, FL
33701**

10. Name and Address of New Registered Agent

81 Name CANNON, JOHN W.
82 Street Address (P.O. Box Number is Not Acceptable) 2230 31st STREET So.
83
84 City ST. PETERSBURG FL
85 Zip Code 33712

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JOHN W. CANNON, VSTD** *John W. Cannon* **4-13-95**
Signature, typed or printed name of registered agent and (if applicable) DATE
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BAUMAN, ROBERT A
STREET ADDRESS 2811 KIPPS COLONY DR.	CITY - ST - ZIP GULFPORT FL
TITLE VSTD	NAME CANNON, JOHN
STREET ADDRESS 313 TALLAHASSEE DR NE	CITY - ST - ZIP ST PETERSBURG, FL 00000
TITLE VD	NAME BAUMAN, MICHAEL C.
STREET ADDRESS 1726 WHISKEY CREEK DRIVE	CITY - ST - ZIP FT. MYERS FL
TITLE VD	NAME BAUMAN, RONALD T.
STREET ADDRESS 15804 DAWSON RIDGE DR.	CITY - ST - ZIP TAMPA FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John W. Cannon* **JOHN W. CANNON** **4-13-95 (813) 327-9026**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)