FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 250813 (3)

1. Corporation Name

CENTURY DEVELOPMENT OF TALLAHASSEE, INC.

Principal Place of Business	Mailing Address
508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301	508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 08/31/1961
3a. Date of Last Report: 06/13/1995
4. FEI Number: 59-0946928 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc	Suite, Apt. #, etc
22	27
City & State	City & State
23	28
Zip 24 · Country 25	Zip 29 · Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TURNER, FREDERICK E
508A CAPITAL CIRCLE SE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TURNER, FREDERICK E	
STREET ADDRESS	508-A CAPITAL CIR. S.E.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	☒ DELETE
NAME	SMITH, LINDA H.	
STREET ADDRESS	508-A CAPITAL CIR. S.E.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	☐ DELETE
NAME	TURNER, DOUGLAS E	
STREET ADDRESS	508-A CAPITAL CIR. S.E.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	☐ DELETE
NAME	O'REILLY, JOHN	
STREET ADDRESS	508 A CAPITAL CIRCLE, S.E.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/S	☐ Change ☒ Addition
1.2 NAME	Tuijten, Gerrit J.	
1.3 STREET ADDRESS	508 A Capital Circle S.E.	
1.4 CITY-ST-ZIP	Tallahassee, FL	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John O'Reilly, CFO — 4/19/96 — 656-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · Date · Daytime Phone #

CR2E034 (12/95)