FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

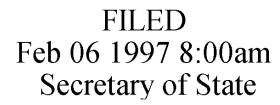
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(3)

CENTURY DEVELOPMENT OF TALLAHASSEE, INC.

Principal Place of E	Business
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Mailing Address





508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301		508-A CAPITAL CIRCLE S.E. TALLAHASSEE FL 32301-3416					
					3. Date Incorporated or Qualified 06/31/1961	3a. Date of 04/26/1	
2. Principal	Place of Business	28. Mailing Address			4. FEI Number		Applied For
21		26			59-0946928		Not Applicat
Suite, Apl	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7 "	1.75 Additional Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be added to Fees
Ζφ 24	Country 25	Zip 29	Countr 30	y 		Yes 🗌 No	
	9. Name and Address of Cui	rrent Registered Agent		Т	10. Name and Address of New Re	gistered Agent	(
	Jrner, frederick e		81	Name			
	A CAPITAL CIRCLE SE LAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable)						
			83				
			84	City		FL 85	Zip Code
SIGNATURE	Signature, typical or printed name of regiscore	d agent and the if applicacie (N			ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CODE AND DIDE	TOTOPS IN 10
12.	PD	AND DIRECTORS DELETE	1.1 TITLE		7 (************************************	127.0	hange Addit
NAME STREET ADDRESS	TURNER, FREDERICK E		1.2 NAME	TADDRESS 5.	uijten Gerrit 08: A Capital Circle allahassee FL 32]ie	nange Luj Auun
CITY (ST-ZIP)	TALLAHASSEE FL		1.4 CiTY -	ST-ZIP 7	alluhussee FL 32	300	
THE	VS	⊠ DELETE	21 TITLE			C	thange Addi
NAME	TRUTEN, GERRIT J.	· •	22 NAME				
STREET ADDRESS		E	23 STREE	T ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL.	DELETE	2. 4 CITY	ST-ZIP			change Addi
NAME	TURNER, DOUGLAS E	ריי סניננונ	3.1 TITLE 3.2 NAME			L., (nange LJ Abui
STREET ADDRESS	FAR A DARRELL OID OF			T ADDRESS			
City-ST-7iP	TALLAHASSEE FL		3.4. CITY-				
TITLE	7	☐ DELETE	4.1 TITLE	-31-2IF		1.10	hange
NAME.	O'REILLY, JOHN		4. 2 NAM			-	
STREET ADDRESS		S.E.		T ADDRESS			
CITY-ST-ZIF	TALLAHASSEE FL		4.4 CITY-				
TITLE		DELETE	5.1 TITLE				hange Addi
NAME			5.2 NAME				
STREET ADDRESS	3		5.3 STREE	T ADDRESS			
CITY ST-76			5.4 CITY	ST-ZIP			
TITEF		DELETE	6.1 TITLE		***************************************		Change Addi
NAME			62 NAME	ł			
STREET ADDRESS	s		63 STREE	T ADDRESS			
Crity - ST - 7IP			64 CITY-	1			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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 of enabyted, or on an attachment with an address.

SIGNATURE