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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Norman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 449764

(0)

1. Corporation Name

PARKSIDE CENTRE, INC.

Principal Place of Business

P. O. BOX 1121
APOPKA FL 32704

Mailing Address

P. O. BOX 1121
APOPKA FL 32704

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/01/1974

3a. Date of Last Report

05/01/1994

4. FEI Number

20-3182653

Applied For

Not Applicable

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

CENTRELLA, JAMES, JR.
231 S. FOREST AVE.
APOPKA FL 32704

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD
NAME CENTRELLA, JAMES, JR.
STREET ADDRESS 231 FOREST AVE.
CITY - ST - ZIP APOPKA FL

TITLE P
NAME CENTRELLA, JAMES, III
STREET ADDRESS 231 FOREST AVE.
CITY - ST - ZIP APOPKA FL

TITLE D
NAME PARSONS, MARIA
STREET ADDRESS P. O. BOX 133 N/A
CITY - ST - ZIP WINTER PARK FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

DA. ROBERT N. WEBSTER
3435 HOLIVAN AVE
APOPKA FL 32703

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 partnership or trust or person empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I am not, or in my statement with an address.

SIGNATURE:

JAMES CENTRELLA JR.

4-20-95

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