

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90078 018 ***150.00

DOCUMENT # 449764

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

4. FEI Number

59-3439352

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 owes the current year intangible
Personal Property Tax.

☐ Yes

☐ No

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

Centrella, James III

82 Street Address (P.O. Box Number is Not Acceptable)

231 S. Forest Avenue

83

84 City

Apopka

FL

85 Zip Code

32704

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE DP
NAME PARSONS, MARIA
STREET ADDRESS P.O. BOX 521704 N/A
CITY-ST-ZIP LONGWOOD FL

☒ DELETE

TITLE D
NAME WEBSTER, ROBERT N.
STREET ADDRESS 3435 HOLIDAY AVE.
CITY-ST-ZIP APOPKA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P, VP, Sec, T, D

☒ Change

☐ Addition

1.2 NAME

Centrella, James III

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

407-849-4055

Daytime Phone #

CR2E034 (1/98)