

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 452452 (6)  
1. Corporation Name:  
Century Testing Service, Inc.

Principal Place of Business: 2103 Gilmore Street Jacksonville FL 32204  
Mailing Address: (same)

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:  
21 2125 Gilmore Street  
Suite, Apt #, etc  
22 Jacksonville FL 32204  
City & State  
23  
Zip 24 32204 Country 25  
2. Mailing Address:  
26  
Suite, Apt #, etc.  
27  
City & State  
28  
Zip 29 Country 30

3. Date Incorporated or Qualified: 5-3-74  
4. FEI Number: 59-1526511 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent:  
Sellers, Herbert S., III  
6063 Kingsley LAKE Drive  
STARKE FL 32091

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sellers, Herbert S III		12 NAME		
STREET ADDRESS	2103 Gilmore St.		13 STREET ADDRESS		
CITY-ST-ZIP	JKUL FL 32204		14 CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Koob, Kathleen R.		22 NAME		
STREET ADDRESS	2103 Gilmore St.		23 STREET ADDRESS		
CITY-ST-ZIP	Jacksonville FL 32204		24 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sellers, TANA L.		32 NAME		
STREET ADDRESS	2103 Gilmore Street		33 STREET ADDRESS		
CITY-ST-ZIP	JKUL FL 32204		34 CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Sellers, Todd A.		42 NAME		
STREET ADDRESS	2103 Gilmore Street		43 STREET ADDRESS		
CITY-ST-ZIP	JKUL FL 32204		44 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		500002524105
CITY-ST-ZIP			54 CITY-ST-ZIP		-05/14/98--01089--028
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	***150.00
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect on 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 person or persons 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: Kathleen R. Koob 4-22-98 904 356 2828

CR2E034 (10/97)

12/5/12