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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 473513

1. Corporation Name

CENTUR	RY 21, SMITH & ASSOCIA	ATES, INC.					
Principal Place	e of Business	Mailing Address	•			OTATE DIOSE MEDIC DEDIT O	1911 01811 1801
2316 W 23RD ST 2316 W 23RD ST							
PANAMA CITY FL 32405 PANAMA CITY FL 32405				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	THIS SPACE	
					04/03/1975		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 26 26				58-1583741	<u> </u>	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 A	dditional	
27				5. Certificate of Status Desired	Fee Re	quired	
City & State City & State				6. Election Campaign Financing	\$5.00		
23		28		<u> </u>	Trust Fund Contribution		o Fees
Zip	Country	Zip	Country	y	8. This corporation owes the current ye		□No
24	9. Name and Address of Cui		30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Cui	rent Registered Agent	81	Name	To. Italife and Address of item registr	Et Du Frigue	
SMIT	th, william f				(5.0.5.1)		
2316 W 23RD ST			82 Street Add		ess (P.O. Box Number is Not Acceptable)	•	
PAN	IAMA CITY FL 32405		83	 			
			-	1 00		as 70 C	`ada
	•		84	City		FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.	0502 and 607 1508, Florida Statute	s, the abov	e-named corpo	oration submits this statement for the purpo n's board of directors. I hereby accept the a	se of changing its	registered
office or r	registered agent, or both, in the St	ate of Florida. Such change was au	itnorized by	the corporation	it is board of directors, it flereby accept the a	appointment as reg	Jistereu
agent. I a	im familiar with, and accept the ob	iligations of, Section 607.0505, Flori	ida Statutes	S.			
agent. I a	am familiar with, and accept the ob	ligations of, Section 607.0505, Flori	ida Statutes	S.			<u>.</u>
agent. I a	am familiar with, and accept the ob	agent and title if applicable. (NOTE:	Registered Age	S. ant signature required	when reinstating) DA		
agent. I a SIGNATURE 12.	Im familiar with, and accept the ob- Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, Flori agent and title if applicable. (NOTE:	Registered Age	s. 		S AND DIRECTO	R\$ IN 12
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agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS P SMITH, WILLIAM F	ligations of, Section 607.0505, Flori agent and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	s. Int signature required	when reinstating) DA	S AND DIRECTO	R\$ IN 12
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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 empswered 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Date

Daytime Phone #