FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -6 AM 6:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742945** **(9)**

1. Corporation Name
THE CENTRE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT. 1. BOX 175 FABER VA 22938	RT. 1. BOX 175 FABER VA 22938

3. Date Incorporated or Qualified: 06/01/1978
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-1824173 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CHASICK, LAURIE M.
13535 AVISTA DRIVE
TAMPA FL 33624

address change:

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 17980 Gulf Blvd., #102
83
84 City: Redington Shores **FL** 85 Zip Code: 33708

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	1.1 TITLE	DPC	☒ Change ☐ Addition
NAME	MONROE, ROBERT A.	1.2 NAME	CHASICK, LAURIE	
STREET ADDRESS	ROUTE 1, BOX 175	1.3 STREET ADDRESS	17980 GULF BLVD #102	
CITY-ST-ZIP	FABER VA	1.4 CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	DST	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	CHASICK, LAURIE	2.2 NAME	HARRIS, RON	
STREET ADDRESS	17980 GULF BLVD., #102	2.3 STREET ADDRESS	RT 3, BOX 176-A	
CITY-ST-ZIP	REDDINGTON SHORES FL 33708	2.4 CITY-ST-ZIP	AMHERST VA 24521	
TITLE	D	3.1 TITLE	ST	☐ Change ☒ Addition
NAME	PENN, CARLTON	3.2 NAME	SHREVES, JEANNE	
STREET ADDRESS	W. CORNWALL ST., BOX 471	3.3 STREET ADDRESS	RT 1, BOX 79-D1	
CITY-ST-ZIP	LEESBURG VA	3.4 CITY-ST-ZIP	LOVINGSTON VA 22949	
TITLE		4.1 TITLE	D	☐ Change ☐ Addition
NAME		4.2 NAME	PENN, CARLTON	
STREET ADDRESS		4.3 STREET ADDRESS	W. CORNWALL ST., BOX 471	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LEESBURG VA	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laurie Chasick CHASICK, LAURIE CHASICK 3-21-95 941-581-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073000