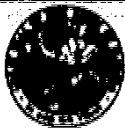


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746744 (2)

1. Corporation Name

CENTERS RESH-SERV, INC.

Principal Place of Business

2801 17TH ST
TAMPA FL 33605-2622

Mailing Address

2801 17TH ST
TAMPA FL 33605-2622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1979

3a. Date of Last Report

04/22/1994

4. FEI Number

59-1906179

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

33675-5746

5. Certificate of Status Desired

☒

**\$0.75 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

9. Name and Address of Current Registered Agent

HESTER, MARIA L
2801 17TH ST
P.O. BOX 5746
TAMPA FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PO
ALLERS, NORMAN T.
C/O ACORN TRACE AP 11115
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
BRILL, MORRIS
15917 NOTTINGHILL DRIVE
LUTZ FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
SCOTT, RHON JR.
19095 SO. TAYLOR RD.
SEFFNER FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
ARNOLD, LYNWOOD F
2011 CLEVELAND STR
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
ITALIANO, JANE
P O BOX 18524
TAMPA FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11115 N Nebraska Ave
Tampa, FL 33612

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Please delete

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

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

STD
P. O. Box 18524
Tampa, FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 entitled in Section 110.07(3)(k), 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: X

Norman T. Allers (NORMAN T. ALLERS)

4/1/95

813-355-5451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number