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 MAY -1 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **746744** **(2)**

1. Corporation Name
CENTERS RESI-SERV, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2801 17TH ST TAMPA FL 33605-2622	2801 17TH ST TAMPA FL 33605-2622

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
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 P. O. Box 5746
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Tampa, FL
Zip 24 / Country 25	Zip 29 33675-5746 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HESTER, MIRIA L 2801 17TH ST P.O. BOX 5746 TAMPA FL	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 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
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ALLERS, NORMAN T.	1.2 NAME		
STREET ADDRESS	C/O ACORN TRACE AP 11115	1.3 STREET ADDRESS	11115 N Nebraska Ave	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33612	
TITLE	D	2.1 TITLE		XX ☐ Change ☐ Addition
NAME	BRILL, MORRIS	2.2 NAME		
STREET ADDRESS	15917 NOTTINGHILL DRIVE	2.3 STREET ADDRESS	Please delete	
CITY-ST-ZIP	LUTZ FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☒ ☐ Change ☐ Addition
NAME	SCOTT, RHON JR.	3.2 NAME	D	
STREET ADDRESS	19095 SO. TAYLOR RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, LYNWOOD F	4.2 NAME		
STREET ADDRESS	2011 CLEVELAND STR	4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ ☐ Change ☐ Addition
NAME	ITALIANO, JANE	5.2 NAME	STD	
STREET ADDRESS	P O BOX 18524	5.3 STREET ADDRESS	P. O. Box 18524 N/A	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Tampa, FL	
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: X Norman T. Allers (NORMAN T. ALLERS) 5/1/95 813-355-5481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #