FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

CENTERS RESI-SERV, INC.

Principal Place of Business	Mailing Address
2801 17TH ST TAMPA FL 33605-2622	P O BOX 5746 TAMPA FL 33675-5746 US

3. Date Incorporated or Qualified: **04/16/1979**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

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

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

10. Name and Address of New Registered Agent

81 Name: Jones, Louis

82 Street Address (P.O. Box Number is Not Acceptable): 2801 n. 17th Street

83:

84 City: Tampa **FL** 85 Zip Code: 33605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Louis Jones — Louis Jones, Executive Dir. — 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	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ALLERS, NORMAN T.		12 NAME		
STREET ADDRESS	11115 N NEBRASKA AVE		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SCOTT, RHON JR.		22 NAME		
STREET ADDRESS	19095 SO. TAYLOR RD.		23 STREET ADDRESS		
CITY-ST-ZIP	SEFFNER FL		24 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, LYNWOOD F		32 NAME		
STREET ADDRESS	2011 CLEVELAND STR		33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		34 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	ITALIANO, JANE		42 NAME		
STREET ADDRESS	P O BOX 18524 N/A		43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	900001860829	☐ Change ☐ Addition
NAME			52 NAME	-06/13/96--01014--001	
STREET ADDRESS			53 STREET ADDRESS	***70.00	
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

6-12-96 JP

CR2E037 (12/95)

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)(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: Norman T. Allers — 5/23/96 — 813-248-6259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #