

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F02237 (8)

1. Corporation Name

CENTERLINE UTILITIES CONSTRUCTION CORPORATION



Principal Place of Business

C/O KENT HUFFMAN, ESQ.
251 ROYAL PALM WAY, SUITE #211
PALM BCH, FL 33480

Mailing Address

C/O KENT HUFFMAN
222 LAKEVIEW AV
WEST PALM BCH FL 33401
US

3. Date Incorporated or Qualified
10/08/1980

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 6970 Wallis Road

2a. Mailing Address

26 204 Phipps Plaza

4. FEI Number
59-2037160

Applied For
Not Applicable

Suite, Apt. #, etc.

22 Suite 1-D

Suite, Apt. #, etc.

City & State

28 Palm Beach, FL

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

City & State

23 West Palm Beach, FL

Zip 33413

Country USA

Zip 33480

Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HUFFMAN, KENT
222 LAKEVIEW AV
STE 710
WEST PALM BCH FL 33401

10. Name and Address of New Registered Agent

81 Name Kent Huffman, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)
204 Phipps Plaza

84 City Palm Beach

FL 85 Zip Code
33480

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CHESNEY, MARGUERITE
11398 TORCHWOOD CT.
W. PALM BCH, FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
WHITE, CATHERINE
351 N. JOG ROAD
W. PALM BCH, FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPT
CAPPS, FRED MAXWELL
5011 WHITEWOOD COVE N
LAKE WORTH, FL 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVS
CHESNEY, FREDERICK H.
11398 TORCHWOOD CT.
W. PALM BCH, FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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-04/29/96--01042--015
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Catherine White Catherine White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

407/689-3917

CR2E034 (12/95)