

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 3:59

DOCUMENT # **F94000001382 (0)**

1. Corporation Name

CENTER SERVICES, INC.

Principal Place of Business

200 GALLERIA PKWY
SUITE 1490
ATLANTA GA 30339

Mailing Address

200 GALLERIA PKWY
SUITE 1490
ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1994

3a. Date of Last Report

4. FEI Number

33-0524339

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 100 Galleria Pkwy NW

2a. Mailing Address

26 100 Galleria Pkwy NW

Suite, Apt. #, etc.

22 Suite 1070

Suite, Apt. #, etc.

27 Suite 1070

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HELTON, TODD
7600 N.W. 11 PLACE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

TODD HELTON

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

860 N W 86th Ave

83

614

84 City

Plantation

FL

85 Zip Code

33324

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 the corporation

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PC
LAWSON, VINT
200 GALLERIA PKWY #1490
ATLANTA GA

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

STD
FAUCETTE, BRICKFORD
200 GALLERIA PKWY #1490
ATLANTA GA

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VD
BURNS, MICHAEL J
200 GALLERIA PKWY #1490
ATLANTA GA

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

100 Galleria Pkwy # 1070

21 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

100 Galleria Pkwy # 1070

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

100 Galleria Pkwy # 1070

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110 (17)(b)(A), 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 of this report, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brickford Faucette

1-17-96

404 859 9000