


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001089 (8)**

1. Corporation Name

CENTURION COMMUNICATIONS INC.



Principal Place of Business

2624 SENECA DR.
JACKSONVILLE FL 32259

Mailing Address

2624 SENECA DR.
JACKSONVILLE FL 32259

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1997

4. FEI Number

59-3411394

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 1572 LAKEWAY DRIVE

Suite, Apt. #, etc.

22
City & State

23 ORANGE PARK, FL.

24 Zip **32073**

Country

25 U.S.A.

2a. Mailing Address

26 1572 LAKEWAY DRIVE

Suite, Apt. #, etc.

27
City & State

28 ORANGE PARK, FL.

29 Zip **32073**

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HIPPEAU, ROMAIN C
2624 SENECA DR.
JACKSONVILLE FL 32259

10. Name and Address of New Registered Agent

81 Name

HIPPEAU, Romain C.

82

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

1572 LAKEWAY DRIVE

83

84 City

ORANGE PARK

FL

85 Zip Code

32073

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

Romain HippEAU PRESIDENT

01/17/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CDPS**
STREET ADDRESS **HIPPEAU, ROMAIN C**
CITY-ST-ZIP **2624 SENECA DR. JACKSONVILLE FL 32259**

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **HIPPEAU, DEBRA**
CITY-ST-ZIP **2624 SENECA DR. JACKSONVILLE FL 32259**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **CDPS**
1.3 STREET ADDRESS **HIPPEAU, Romain C**
1.4 CITY-ST-ZIP **1572 LAKEWAY DR. ORANGE PARK FL. 32073**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **DV**
2.3 STREET ADDRESS **HIPPEAU, DEBRA**
2.4 CITY-ST-ZIP **1572 LAKEWAY DR. ORANGE PARK FL. 32073**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

01/17/98 (904)278-4285

CR2E034 (10/97)