

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90119 033 ***150.00

DOCUMENT # **G04646**

1. Corporation Name

CENTRE PROPERTIES AND DEVELOPMENT CO., INC.



Principal Place of Business

~~XXXXXX~~
~~XXXXXX~~
P.O. BOX 1121
APOPKA FL 32704

Mailing Address

~~XXXXXX~~
~~XXXXXX~~
P.O. BOX 1121
APOPKA FL 32704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1982

4. FEI Number

59-3438696

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 ~~Delete Name Above~~

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 ~~Delete Name Above~~

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

CENTRELLA, JAMES, JR.
231 S. FOREST AVENUE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

Centrella, James III

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

231 S. Forest Avenue

83

84 City

Apopka

FL

85 Zip Code

32703

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 provisions 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

4/26/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **CENTRELLA JAMES JR**
STREET ADDRESS **231 S FOREST AVE BX 1121**
CITY-ST-ZIP **APOPKA FL 00000**

TITLE **D** ☐ DELETE
NAME **CENTRELLA JAMES III**
STREET ADDRESS **231 S FOREST AVE BX 1121**
CITY-ST-ZIP **APOPKA FL 00000**

TITLE **D** ☒ DELETE
NAME **PASRONS, MARIA**
STREET ADDRESS **P.O. BOX 521704 N/A**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE
NAME **ROBERT N. WEBSTEN**
STREET ADDRESS **3435 HOLIDAY AVE.**
CITY-ST-ZIP **APOPKA FL**

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
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **Pres., VP, Sec., T, D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 **Robert N. Webster**
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 person 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A Centrella III

4/26/99

Date

407-849-4055

Daytime Phone #