

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G19649**

(4)

1. Corporation Name

CENTENNIAL LAND COMPANY

Principal Place of Business

**400 E SOUTH ST #500
ORLANDO FL 32801**

Mailing Address

**400 E SOUTH ST #500
ORLANDO FL 32801**



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BOURNE, ROBERT A
400 E SOUTH ST #500
ORLANDO FL 32801**

3. Date Incorporated or Qualified

01/20/1983

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2268610

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

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

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 of the person changing the registered office or agent)

(Signature of the person accepting the appointment as agent)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
SENEFF, JAMES M JR.
400 EAST SOUTH STREET, STE. 500
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BOURNE, ROBERT A
400 EAST SOUTH STREET, STE. 500
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BOYD, SCOTT
400 EAST SOUTH STREET, STE. 500
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSE, LYNN E
400 EAST SOUTH STREET, STE. 500
ORLANDO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE

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 status 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 or person 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Bourne

3/13/96

(407) 422-1575

CR2E034 (12/95)