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 # **G40138** **(1)**

1. Corporation Name
CENTURIAN PRESS, INC.

Principal Place of Business	Mailing Address
760 RIVERSIDE AVE. P. O. BOX 2411 JACKSONVILLE FL 32203 US	7620 RIVERSIDE AVE. P. O. BOX 2411 JACKSONVILLE FL 32203 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/19/1983**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2309733** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JONES, DONALD C.
760 RIVERSIDE AVENUE
JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent

81 Name: AMOROSINO, CHARLES S., JR.
82 Street Address (P.O. Box Number is Not Acceptable): 123 South Adams
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Charles S. Amorosino, Jr. 8/1/96
Signature, Typed or Printed Name of Registered Agent and Date (Registered Agent Signature Required When Filing)

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	JONES, DONALD C.	
STREET ADDRESS	760 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	☐ DELETE
NAME	HAYES, CHARLES P. J	
STREET ADDRESS	2005 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	☐ DELETE
NAME	JACKSON, CYNTHIA B	
STREET ADDRESS	760 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	☐ DELETE
NAME	THRASHER, JOHN E.	
STREET ADDRESS	2510 RIVER PLACE LANE	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VD	☐ DELETE
NAME	BAGBY, RICHARD J.	
STREET ADDRESS	12165 BROOKFIELD CLUB DR.	
CITY-ST-ZIP	ROSWELL GA	
TITLE	SD	☒ DELETE
NAME	SMITH, ALVIN E.	
STREET ADDRESS	63 SANDCASTLE DR.	
CITY-ST-ZIP	ORMOND BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	☐ Change ☒ Addition
12 NAME	AMOROSINO, CHARLES S., JR.	
13 STREET ADDRESS	123 South Adams	
14 CITY-ST-ZIP	Tallahassee, FL 32301	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS	124 E. Welbourne Ave.	
54 CITY-ST-ZIP	Winter Park, FL 32789	
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 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: Charles S. Amorosino, Jr. 8/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)