

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G57219** (9)

1. Corporation Name

CENTRAL DATA CORPORATION



Principal Place of Business

**157 TIMBERLAKE CIRCLE
INMAN SC 29349**

Mailing Address

**157 TIMBERLAKE CIRCLE
INMAN SC 29349**

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

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Zip

Country

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9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0302 and 607.1504, 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, thereby adopting the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0404, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

Date

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HILTON, THEODORE CRAIG	
STREET ADDRESS	157 TIMBERLAKE CIRCLE	
CITY-STATE-ZIP	INMAN SC	
TITLE	C	☐ DELETE
NAME	HILTON, THEODORE C.	
STREET ADDRESS	157 TIMBERLAKE CIRCLE	
CITY-STATE-ZIP	INMAN SC	
TITLE	ST	☐ DELETE
NAME	HILTON, MAXINE DONNELLY	
STREET ADDRESS	157 TIMBERLAKE CIRCLE	
CITY-STATE-ZIP	INMAN SC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this form 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 Block 14 after being added with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

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