

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J16083

(4)

1. Corporation Name

CENTAWORLD PROPERTIES, INC.



Principal Place of Business

5374 HIGHWAY 98, EAST
DESTIN FL 32541

Mailing Address

5374 HIGHWAY 98, EAST
DESTIN FL 32541

2. Principal Place of Business

21 100 ST. CHARLES PLACE

Suite, Apt. #, etc.

22

City & State

23 DESTIN, FLORIDA

Zip

24 32541

Country

25 U.S.A.

2a. Mailing Address

26 100 ST. CHARLES PLACE

Suite, Apt. #, etc.

27

City & State

28 DESTIN, FLORIDA

Zip

29 32541

Country

30 U.S.A.

3. Date Incorporated or Qualified

05/20/1986

3a. Date of Last Report

08/01/1995

4. FEI Number

59-2875144

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

9. Name and Address of Current Registered Agent

GARDNER, JOHN R
492 LINKSIDE DR.
DESTIN FL 32541

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, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

ND
GARDNER, JOHN R.
492 LINKSIDE DR.
DESTIN FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

SD
KELLEY, BARBARA J
1242 DEERWOOD DRIVE
DESTIN FL

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ DELETE

TITLE 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 ☐ 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

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 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)(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 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:

Barbara J. Kelley

BARBARA J. KELLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96

Date

(904) 267-2023

Daytime Phone #

CR2E034 (12/95)