FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J45000** **(3)**

1. Corporation Name

CENTRON REALTY CORP.

Principal Place of Business	Mailing Address
C/O MICHAEL J. COOPER 321 NW THIRD AVENUE OCALA FL 32670	C/O MICHAEL J. COOPER 321 NW THIRD AVENUE OCALA FL 32670

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/03/1986**

3a. Date of Last Report: **08/01/1994**

2. Principal Place of Business

21

Suite, Apt. #, etc.: 22 1 Banyan Dr.

City & State: 23 Ocala FL

Zip: 24 34480 Country: 25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.: 27

City & State: 28

Zip: 29 Country: 30

4. FEI Number: **59-2747407** ☐ 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

COOPER, MICHAEL J.
3800 S.E. 58 AVE.
OCALA FL 32671

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 _____ DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	MAZZURCO, JOSEPH	12 NAME	
STREET ADDRESS	4975 SE 39TH COURT	13 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	DOWDY, DEAN	22 NAME	
STREET ADDRESS	BOX 508	23 STREET ADDRESS	
CITY-ST-ZIP	HIGH SPRINGS FL	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☒ Change ☐ Addition
NAME	MAZZURCO, VINCENT S.	32 NAME	
STREET ADDRESS	32 BANYAN PASS LOOP	33 STREET ADDRESS	4468 SW 3rd Ave,
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	Ocala, FL 34474
TITLE	DPS	41 TITLE	☐ Change ☐ Addition
NAME	STRAWDER, TROY	42 NAME	
STREET ADDRESS	6990 NW 60TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34482	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1

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: X Joseph L. Mazzurco

(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF OFFICER OR DIRECTOR) Date Daytime Phone #

0083180 CP