

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

1996 APR 29 PM 2:21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **J45000** (3)

1. Corporation Name
CENTRON REALTY CORP.



Principal Place of Business: **1 BANYAN DR, 321 NW THIRD AVENUE, OCALA FL 34480 US**
Mailing Address: **C/O MICHAEL J. COOPER, 321 NW THIRD AVENUE, OCALA FL 32670**

3. Date Incorporated or Qualified: **12/03/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2747407**
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

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	DV MAZZURCO, JOSEPH 4975 SE 39TH COURT OCALA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV DOWDY, DEAN BOX 508 HIGH SPRINGS FL	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DT MAZZURCO, VINCENT S. 4768 SW 3RD AVE OCALA FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	DPS STRAWDER, TROY 6990 NW 60TH STREET OCALA FL 34482	1.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	1.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	1.6 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	1.7 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	1.8 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	1.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	1.10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	1.11 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	1.12 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	1.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	1.14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	1.15 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP	<input type="checkbox"/> DELETE	1.16 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is not qualified 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: *[Handwritten Signature]* DATE: **4/24/96** (352)624-2004

CR2E034 (12/95)