

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 # J75890 (0)

1. Corporation Name

CENTERLINE CERTIFIED SERVICE, INC.



Principal Place of Business

10302 E. SLIGH AVE.
TAMPA FL 33610

Mailing Address

10302 E. SLIGH AVE.
TAMPA FL 33610

3. Date Incorporated or Qualified
06/01/1987

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

21 4416 W. MINNEHAHA

2a. Mailing Address

26 P.O. Box 15773

4. FEI Number
59-2855172

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

City & State

23 TAMPA FL.

City & State

28 Tampa FL.

Zip
24 33614

Country
25 Hillsborough

Zip
29 33684

Country
30 Hillsborough

9. Name and Address of Current Registered Agent

GRANTHAM, RONALD
10302 E. SLIGH AVE.
TAMPA FL 33610

10. Name and Address of New Registered Agent

81 Name

Robert Jackson

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

4416 W. Minnehaha St.

83

84 City

Tampa

FL

85 Zip Code
33614

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 607.0105, Florida Statutes.

SIGNATURE

Robert M. Jackson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME GRANTHAM, RONALD
STREET ADDRESS 6201 N. FALKENBERG
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE
NAME JACKSON, ROBERT M.
STREET ADDRESS 4416 W. MINNEHAHA
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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:

Robert M. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert M. Jackson

4/8/96

813-882-8711
Date Daytime Phone #

CR2E034 (12/95)