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FILED  
Jan 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K20584

(4)

1. Corporation Name  
CENTERLINE INVESTMENTS, INC.



Principal Place of Business  
3535 US HWY 17 N  
WINTER HAVEN FL 33881-1447

Mailing Address  
3535 US HWY 17 N  
WINTER HAVEN FL 33881-1447

3. Date Incorporated or Qualified  
04/08/1988

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2882504

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

REEVES, SHERDELL C.  
3535 US HWY 17 NORTH  
WINTER HAVEN FL 33880

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 of current registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS         | CITY-ST-ZIP     | DELETE                   |
|-------|---------------------|------------------------|-----------------|--------------------------|
| PD    | RICE, JOHN WEBSTER  | 2950 PLANTATION RD     | WINTER HAVEN FL | <input type="checkbox"/> |
| VD    | TUCKER, LARRY D. JR | 3547 HARBOR LANE       | WINTER HAVEN FL | <input type="checkbox"/> |
| VD    | TUCKER, TERRELL R.  | 4310 SHADOW WOOD TR SW | WINTER HAVEN FL | <input type="checkbox"/> |
| SD    | DOUTHIT, JESSE F.   | 2024 OVERLOOK DR SE    | WINTER HAVEN FL | <input type="checkbox"/> |
| TD    | REEVES, SHERDELL C. | 111 LAKEVIEW DR.       | AUBURNDALE FL   | <input type="checkbox"/> |
|       |                     |                        |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change                   | Addition                 |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing 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 the fee 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: *Sherdell C. Reeves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0391815

CR2E034 (9/96)