

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90101 046 ***150.00

DOCUMENT # **K20584**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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, typed or printed name of 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

PD

**RICE, JOHN WEBSTER
2950 PLANTATION RD
WINTER HAVEN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

**TUCKER, LARRY D. JR
3547 HARBOR LANE
WINTER HAVEN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD

**TUCKER, TERRELL R.
4310 SHADOW WOOD TR SW
WINTER HAVEN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD

**DOUTHIT, JESSE F.
2024 OVERLOOK DR SE
WINTER HAVEN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

**REEVES, SHERDELL C.
111 LAKEVIEW DR.
AUBURNDAL FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

VD

**Tucker, Larry D. Jr.
130 Lake Mariam Way
Winter Haven, FL. 33884**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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 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, with all other like empowered.

SIGNATURE:

Sherdell C. Reeves

1/12/99

941-299-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)