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 2 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/18/95--01025--002
****200.00 ****200.00

DOCUMENT # **L16983** **(3)**

1. Corporation Name
CENTRON HOMES OF BREVARD, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1805 CANOVA ST., SE STE. 1 PALM BAY FL 32909 US	P. O. BOX 189 OCALA FL 34478 US

3. Date Incorporated or Qualified: **09/18/1989**
3a. Date of Last Report: **08/01/1994**

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: **59-2974323** ☐ 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.
321 NW THIRD AVENUE
OCALA FL 32670

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	PSD	11 TITLE	☒ Change ☐ Addition
NAME	MAZZURCO, ANDY S.	12 NAME	
STREET ADDRESS	3800 SE 58 AVE	13 STREET ADDRESS	4975 SE 39th Ct.
CITY-ST-ZIP	OCALA FL	14 CITY-ST-ZIP	Ocala, FL
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MAZZURCO, JOSEPH	22 NAME	
STREET ADDRESS	3800 SE 58 AVE	23 STREET ADDRESS	4975 S.E. 39th Ct.
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	Ocala, FL
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	CARTONLA, KENNETH J.	32 NAME	Delete
STREET ADDRESS	1140 FAIRWAY CT	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JAMES J	42 NAME	
STREET ADDRESS	1502 EAGLE AVE., NW	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	MAZZURCO, JOSEPH V.	52 NAME	
STREET ADDRESS	3800 SE 58 AVE	53 STREET ADDRESS	4975 S.E. 39th Ct.
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	Ocala, FL
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MAZZURCO, MICHAEL	62 NAME	
STREET ADDRESS	3800 SE 58 AVE	63 STREET ADDRESS	5500 S.E. 44th Ave.
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP	Ocala, FL

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: _____ 4/24/95 (904)624-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0933304 CP