

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 # **L16983** (3)

1. Corporation Name

CENTRON HOMES OF BREVARD, INC.



Principal Place of Business

**1805 CANOVA ST., SE
STE. 1
PALM BAY FL 32909
US**

Mailing Address

**P. O. BOX 189
OCALA FL 34478
US**

3. Date Incorporated or Qualified
09/18/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2974323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOPER, MICHAEL J.
321 NW THIRD AVENUE
OCALA FL 32670**

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 any, below

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD**
STREET ADDRESS **MAZZURCO, ANDY S.**
CITY - ST - ZIP **4975 SE 39TH CT.**
OCALA FL

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **MAZZURCO, JOSEPH**
CITY - ST - ZIP **4975 SE 39TH CT.**
OCALA FL

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **DAVIS, JAMES J**
CITY - ST - ZIP **4975 SE 39TH CT.**
OCALA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MAZZURCO, JOSEPH V.**
CITY - ST - ZIP **5500 SE 44TH AVE.**
OCALA FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MAZZURCO, MICHAEL**
CITY - ST - ZIP **3800 SE 58 AVE**
OCALA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information submitted 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, as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (352) 624-0011

CR2E034 (12/95)