

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L82439 (5)
 1. Corporation Name
CENTRAL SERVICES GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O JOHN R. NELSON 3700 NW 91 ST. A-200 GAINESVILLE FL 32606 US	Mailing Address C/O JOHN R. NELSON 966 N.W. 122ND TERRACE NEWBERRY FL 32669
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3. Date Incorporated or Qualified 06/22/1990	4. FEI Number 59-3046375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 1035 N.W. 57th St. Suite, Apt. #, etc	2a. Mailing Address 26 1035 N.W. 57th St Suite, Apt. #, etc
22 City & State 23 GAINESVILLE, FL	27 City & State 28 GAINESVILLE, FL
24 Zip 32605 25 Country	29 Zip 32605 30 Country

9. Name and Address of Current Registered Agent

NELSON, JOHN R.
3700 NW 91ST STREET
SUITE A-200
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name **SAME - NELSON, JOHN R.**

82 Street Address (P.O. Box Number is Not Acceptable)
1035 N.W. 57TH ST.

83

84 City **GAINESVILLE** FL 85 Zip Code **32605**

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE John R. Nelson DATE 3/6/98

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PSD	<input type="checkbox"/> DELETE
NAME NELSON, JOHN R.	
STREET ADDRESS 3700 NW 91ST ST., STE A-200	
CITY-ST-ZIP GAINESVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5813 N.W. 72ND ST.
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32653
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NELSON JOHN N.
2.3 STREET ADDRESS	1035 NW 57TH ST.
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32605
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TERRY, KJERSTIN
3.3 STREET ADDRESS	4830 N.W. 43RD ST. APT I-131
3.4 CITY-ST-ZIP	GAINESVILLE, FL 32606
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILSON, DAN L.
4.3 STREET ADDRESS	P.O. BOX 678 FL 32089
4.4 CITY-ST-ZIP	SATSUMA
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HADKIN, SAM - DIRECTOR
5.3 STREET ADDRESS	305 N E 1ST ST.
5.4 CITY-ST-ZIP	GAINESVILLE, FL 32601
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: John R. Nelson 1/13/98 2528323164

CR2E034 (10/97)