

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

**FILED**  
**Mar 14, 1999 8:00 am**  
**Secretary of State**

03-14-1999 90042 014 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # L82439**

1. Corporation Name  
**CENTRAL SERVICES GROUP, INC.**



Principal Place of Business

1035 N.W. 57TH ST  
GAINESVILLE FL 32605  
US

Mailing Address

1035 N.W. 57TH ST  
NEWBERRY FL 32605  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/22/1990**

4. FEI Number

**59-3046375**

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

21 **2770 N.W. 43RD STREET**

2a. Mailing Address

26 **2770 N.W. 43RD STREET**

Suite, Apt. #, etc.

22 **SUITE N**

Suite, Apt. #, etc.

27 **SUITE N**

City & State

23 **GAINESVILLE, FL**

City & State

28 **GAINESVILLE FL**

Zip

24 **32606**

Country

25 **USA**

Zip

29 **32606**

Country

30 **USA**

9. Name and Address of Current Registered Agent

NELSON, JOHN R.  
1035 N.W. 57TH ST  
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2770 N.W. 43RD STREET SUITE N**

83

84 City

**GAINESVILLE**

FL

85 Zip Code

**32606**

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 ☐ DELETE

NAME **PSD NELSON, JOHN R.**  
STREET ADDRESS **5813 N.W. 72ND ST**  
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE ☐ DELETE

NAME **D NELSON, JOHN N**  
STREET ADDRESS **1035 N.W. 57TH ST**  
CITY-ST-ZIP **GAINESVILLE F 32605**

TITLE ☐ DELETE

NAME **KIERSTIN, TERRY K**  
STREET ADDRESS **4830 N.W. 43RD ST, APT 1-131**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☒ DELETE

NAME **D WILSON, DAN L**  
STREET ADDRESS **PO BOX 678 N/A**  
CITY-ST-ZIP **SATSUMA FL 32089**

TITLE ☐ DELETE

NAME **D HAMKIN, SAM**  
STREET ADDRESS **305 N.E. 1ST ST**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/99**

**352/338/3525**

CR2E034 (1/98)