

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 # **L92350** (2)

1. Corporation Name

CENTRAL BUILDING SERVICES INC.



Principal Place of Business

**5711 WESTVIEW DR.
ORLANDO FL 32810**

Mailing Address

**5711 WESTVIEW DR.
ORLANDO FL 32810**

3. Date Incorporated or Qualified

08/07/1990

3a. Date of Last Report

06/26/1995

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

10. Name and Address of New Registered Agent

**JOSEPH, JENNIFER SUSAN
5711 WESTVIEW DR.
ORLANDO FL 32810**

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 of person performing duties of registered agent and filing officer

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

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

JOSEPH, JENNIFER SUSAN

1.2 NAME

STREET ADDRESS

5711 WESTVIEW DR.

1.3 STREET ADDRESS

CITY- ST- ZIP

ORLANDO FL

1.4 CITY- ST- ZIP

TITLE

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER JOSEPH

Date

2/12/96 407 291-9791

Daytime Phone #

CR2E034 (12/95)