

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M69965

(5)

1. Corporation Name

204 CENTURY CORP., INC.



Principal Place of Business

204 CENTURY 21 DRIVE
JACKSONVILLE FL 32216

Mailing Address

204 CENTURY 21 DRIVE
JACKSONVILLE FL 32216

2. Principal Place of Business

2a. Mailing Address

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State, Apt. #, etc.

State, Apt. #, etc.

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/29/1988

3a. Date of Last Report

05/22/1995

4. FEI Number

59-2879905

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

10. Name and Address of New Registered Agent

DEESE, PAUL N.

#602

1551 SOUTH 1ST STREET
JACKSONVILLE FL 32250

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 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1

NAME

PD
DEESE, PAUL N.
1551 S. 1ST ST., APT.602
JAX. BCH. FL

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

12.2

NAME

SD
TIPTON, ROBERT C.
26 TALLWOOD RD.
JAX. BCH. FL

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

12.3

NAME

ASD
CURY, N. GENE
3100 UNIVERSITY BLVD.,S.
JAX FL

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

12.4

NAME

D
CURY, BETTY D.
3100 UNIVERSITY BLVD.,S.
JAX FL

☐ DELETE

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, 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 included 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. If 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 of this report, or in any attached schedule, I am an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)