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

CORPORATION
ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000009468 (9)

1. Corporation Name
CENTRA WORLDWIDE OF FLORIDA, INC.

Principal Place of Business
5266 HIGHWAY AVE
JACKSONVILLE FL 32254

Mailing Address
5266 HIGHWAY AVE
JACKSONVILLE FL 32254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-3160970 — 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

9. Name and Address of Current Registered Agent
PRICE, ROBERT J
5266 HIGHWAY AVE
JACKSONVILLE FL ~~32205~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code 32254

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 necessary — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CD | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | SUDDATH, STEPHEN M | 12 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE | 13 STREET ADDRESS | | |
| CITY ST ZIP | JACKSONVILLE FL ~~32205~~ | 14 CITY ST ZIP | | 32254 |
| TITLE | SD | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | STRICKLAND, BARBARA S | 22 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE | 23 STREET ADDRESS | | |
| CITY ST ZIP | JACKSONVILLE FL ~~32205~~ | 24 CITY ST ZIP | | 32254 |
| TITLE | ~~VTSD~~ | 31 TITLE | DIRECTOR | ☒ Change ☐ Addition |
| NAME | BELL, A. QUINN | 32 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE | 33 STREET ADDRESS | | |
| CITY ST ZIP | JACKSONVILLE FL ~~32205~~ | 34 CITY ST ZIP | | 32254 |
| TITLE | ~~CEO~~ | 41 TITLE | VP, T, D | ☒ Change ☐ Addition |
| NAME | PRICE, ROBERT J | 42 NAME | | |
| STREET ADDRESS | 5266 HIGHWAY AVE | 43 STREET ADDRESS | | |
| CITY ST ZIP | JACKSONVILLE FL ~~32205~~ | 44 CITY ST ZIP | | 32254 |
| TITLE | | 51 TITLE | VP | ☐ Change ☒ Addition |
| NAME | | 52 NAME | CHRISTIAN FLOWERS | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | PRESIDENT | ☐ Change ☒ Addition |
| NAME | | 62 NAME | H. ROBERT DROSS | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 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:** Barbara S. Strickland BARBARA S. STRICKLAND 4/18/95 (904) 781-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020723 CP