

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000009468 (9)

1. Corporation Name

CENTRA WORLDWIDE OF FLORIDA, INC.



Principal Place of Business

Mailing Address

5266 HIGHWAY AVE
JACKSONVILLE FL 32254

5266 HIGHWAY AVE
JACKSONVILLE FL 32254

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

05/01/1995

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

2. Principal Place of Business

2a. Mailing Address

21 815 S. MAIN ST.

26 P.O. Box 48088

Suite, Apt. #, etc

Suite, Apt. #, etc

22 6th

27

City & State

City & State

23 JACKSONVILLE FL

28 JACKSONVILLE FL

Zip

Zip

24 32207

Country

Country

25 U.S.A

29 32247-8088 30 U.S.A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, ROBERT J
5266 HIGHWAY AVE
JACKSONVILLE FL 32254

81 Name

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

815 S. MAIN ST.

83 6th FLOOR

84 City

JACKSONVILLE

FL

85 Zip Code

32207

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
STREET ADDRESS
CITY - ST - ZIP
CD
SUDDATH, STEPHEN M
5266 HIGHWAY AVE
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
SD
STRICKLAND, BARBARA S
5266 HIGHWAY AVE
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
BELL, A. QUINN
5266 HIGHWAY AVE
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
PRICE, ROBERT J
5266 HIGHWAY AVE
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VD
FLOWERS, CHRISTIAN
5266 HIGHWAY AVE
JACKSONVILLE FL 32254

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
P
DUROSS, H. ROBERT
5266 HIGHWAY AVE
JACKSONVILLE FL 32254

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
815 S. MAIN ST.
JACKSONVILLE FL 32207

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
815 S. MAIN ST.
JACKSONVILLE FL 32207

31 TITLE ☒ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
815 S. MAIN ST.
JACKSONVILLE FL 32207

41 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
815 S. MAIN ST.
JACKSONVILLE FL 32207

51 TITLE ☒ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
815 S. MAIN ST.
JACKSONVILLE FL 32207

61 TITLE ☒ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
815 S. MAIN ST.
32207

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 617, 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

DATE

DATE OF FILING

CR2E034 (3/96)