

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90086 047 \*\*\*150.00

DOCUMENT # P92000009468

1. Corporation Name

CENTRA WORLDWIDE OF FLORIDA, INC.

Principal Place of Business

815 S MAIN STREET  
6TH FLOOR  
JACKSONVILLE FL 32207  
US

Mailing Address

815 S MAIN ST  
6TH FLOOR  
JACKSONVILLE FL 32207  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

PRICE, ROBERT J  
815 S. MAIN STREET  
6TH FLOOR  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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

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 CD ☐ DELETE  
NAME SUDDATH, STEPHEN M  
STREET ADDRESS 815 S. MAIN STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ DELETE  
NAME STRICKLAND, BARBARA S  
STREET ADDRESS 815 S. MAIN STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME BELL, A. QUINN  
STREET ADDRESS 815 S MAIN STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VTD ☐ DELETE  
NAME PRICE, ROBERT J  
STREET ADDRESS 815 S. MAIN STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE  
NAME FLOWERS, CHRISTIAN  
STREET ADDRESS 815 S. MAIN STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ DELETE  
NAME DUROSS, H. ROBERT  
STREET ADDRESS 815 S. MAIN STREET  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 REQUIRED~~  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Price, C.F.O.

4/1/99

904-390-7100

Date

Daytime Phone #

CR2E034 (11/98)