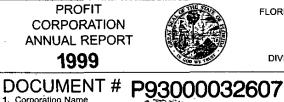
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90052 035 ***150.00

00. por amorr . 10///-	 -		 -t	
CENTURION CORP.		•		

Mailing Address Principal Place of Business 4113 DRISTOL AVE 4113 DRISTOL AVE SPRING HILL FL 34609 SPRING HILL FL 34609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/27/1993 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 59-3177823 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Zip Country □No 29 30 Personal Property Tax. 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LOMBARDI, BARBARA J Street Address (P.O. Box Number is Not Acceptable) 82 4113 DRISTOL AVE SPRING HILL FL 34609 83 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE LOMBARDI, BARBARA J 1.2 NAME NAME 4113 DRISTOL AVE 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DEI ETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 an attachment with an addre

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

CR2E034 (11/98)