FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 3-7-95 D-1874 C

APPROVED AND FILED

95 MAR -7 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995

DOCUMENT # P94000022283 (3)

1. Corporate Name
CENTURY BANK SERVICE CORP.

Principal Office Address
1680 FRUITVILLE ROAD
SARASOTA FL 34236

Mailing Address
1680 FRUITVILLE ROAD
SARASOTA FL 34236

3. Date Incorporated / Qualified
03/21/1994

3a. Date of Last Report
N/A

2. Federal Tax Number
21

2a. Mailing Address
26 46 N. WASHINGTON BLVD.

4. FEI Number
65-0498517
Applied For
Not Applicable

Street Apt. # etc.
22

Street Apt. # etc.
27 SUITE 1

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City
23

City
28 SARASOTA, FL

6. Florida Gaming Control Trust Fund Contribution ☐ $5.00 May Be Added to Fees

City
24

State
25

Zip
29 34236

Country
30 USA

8. This corporation has nobility for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATTERSON, JOHN
46 NORTH WASHINGTON BLVD.
STE. 1
SARASOTA FL 34236

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: [illegible] DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, BRYAN
STREET ADDRESS	1680 FRUITVILLE ROAD
CITY, ST, ZIP	SARASOTA FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D,P,S,T	☐ Change XX Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, ZIP		

14. [illegible]

SIGNATURE: 2-23-95 813-366-1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYAN ROBINSON, President

0341021 CP