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Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000054098 (6)

1. Corporation Name
CENTRE CONSULTING, INC.



Principal Place of Business

5405 W CYPRESS ST.
SUITE 101
TAMPA FL 33607
US

Mailing Address

5405 W. CYPRESS ST.
SUITE 101
TAMPA FL 33607-1772
US

3. Date Incorporated or Qualified
07/14/1994

3a. Date of Last Report
07/29/1996

4. FEI Number
59-3257545

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

21 5100 W. LEMON ST.

Suite, Apt. #, etc.

22 STE. 105

City & State

23 TAMPA, FL

Zip

24 33609

Country

25 HILLSBOROUGH

2a. Mailing Address

26 5100 W. LEMON ST.

Suite, Apt. #, etc.

27 STE. 105

City & State

28 TAMPA, FL

Zip

29 33609

Country

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

COMPTON, DAVID R
1710 BRENTWOOD DRIVE
CLEARWATER FL 34616

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 P ☐ DELETE

NAME COMPTON, DAVID R
STREET ADDRESS 5405 W. CYPRESS ST., STE. 101
CITY-ST-ZIP TAMPA FL

TITLE V ☐ DELETE

NAME ZUGAY, PAUL D
STREET ADDRESS 5405 W. CYPRESS ST.
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS 5100 W. LEMON ST., STE. 105
14 CITY-ST-ZIP TAMPA, FL 33609

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS 5100 W. LEMON ST., STE. 105
24 CITY-ST-ZIP TAMPA, FL 33609

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. I do 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.

SIGNATURE: X David R Compton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/3/286-0988

Daytime Phone #

CR2E034 (9/96)