

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000075415 (7)**

1. Corporation Name

CENTRAL AVENUE HOLDINGS, INC.



Principal Place of Business

**6500 CENTRAL AVE.
ST. PETERSBURG FL 33707**

Mailing Address

**6500 CENTRAL AVE.
ST. PETERSBURG FL 33707**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/13/1994

3a. Date of Last Report
02/21/1995

4. FET Number
59-3278660

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 franchise tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

**BURNS, DOUGLAS J
6500 CENTRAL AVE.
ST. PETERSBURG FL 33707**

11. Pursuant to the provisions of Sections 607.02 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Date of Signature (Agent's signature must be dated)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

**D
BURNS, DOUGLAS J
6500 CENTRAL AVE.
ST PETERSBURG FL 33707**

☐ DELETE

12.2 NAME

**V
GOVAN, JAN T
6500 CENTRAL AVENUE
ST. PETERSBURG FL**

☐ DELETE

12.3 NAME

**T
JONES, ROBERT J
6500 CENTRAL AVENUE
ST. PETERSBURG FL**

☐ DELETE

12.4 NAME

☐ DELETE

12.5 NAME

☐ DELETE

12.6 NAME

☐ DELETE

12.7 NAME

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12.8 NAME

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12.15 NAME

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12.16 NAME

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12.17 NAME

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12.18 NAME

☐ DELETE

12.19 NAME

☐ DELETE

12.20 NAME

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME

☐ Change ☐ Addition

13.2 NAME

☐ Change ☐ Addition

13.3 STREET ADDRESS

☐ Change ☐ Addition

13.4 CITY, ST, ZIP

☐ Change ☐ Addition

13.5 NAME

☐ Change ☐ Addition

13.6 NAME

☐ Change ☐ Addition

13.7 STREET ADDRESS

☐ Change ☐ Addition

13.8 CITY, ST, ZIP

☐ Change ☐ Addition

13.9 NAME

☐ Change ☐ Addition

13.10 NAME

☐ Change ☐ Addition

13.11 STREET ADDRESS

☐ Change ☐ Addition

13.12 CITY, ST, ZIP

☐ Change ☐ Addition

13.13 NAME

☐ Change ☐ Addition

13.14 NAME

☐ Change ☐ Addition

13.15 STREET ADDRESS

☐ Change ☐ Addition

13.16 CITY, ST, ZIP

☐ Change ☐ Addition

13.17 NAME

☐ Change ☐ Addition

13.18 NAME

☐ Change ☐ Addition

13.19 STREET ADDRESS

☐ Change ☐ Addition

13.20 CITY, ST, ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or if an addition. I shall submit an address:

SIGNATURE:

Robert J. Jones, Secy-Treas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/99/96

813/344-655

CR2E034 (12/95)