

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**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90040 032 \*\*\*150.00

DOCUMENT # **P94000075415**

1. Corporation Name

**CENTRAL AVENUE HOLDINGS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>6500 CENTRAL AVE. ST. PETERSBURG FL 33707</b>		Mailing Address <b>6500 CENTRAL AVE. ST. PETERSBURG FL 33707</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>10/13/1994</b>			
4. FEI Number <b>59-3278660</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>BURNS, DOUGLAS J 6500 CENTRAL AVE. ST. PETERSBURG FL 33707</b>		10. Name and Address of New Registered Agent <b>81 Name ROBERT J. JONES, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 6500 CENTRAL AVE. 83 84 City ST PETERSBURG FL 85 Zip Code 33707</b>	
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 <i>Robert J. Jones, Registered Agent</i> DATE <b>04/27/99</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS <input checked="" type="checkbox"/> DELETE TITLE <b>D</b> NAME <b>BURNS, DOUGLAS J</b> STREET ADDRESS <b>6500 CENTRAL AVE.</b> CITY-ST-ZIP <b>ST PETERSBURG FL 33707</b> <input type="checkbox"/> DELETE TITLE <b>V</b> NAME <b>GOVAN, JAN T</b> STREET ADDRESS <b>6500 CENTRAL AVENUE</b> CITY-ST-ZIP <b>ST. PETERSBURG FL</b> <input type="checkbox"/> DELETE TITLE <b>T</b> NAME <b>JONES, ROBERT J</b> STREET ADDRESS <b>6500 CENTRAL AVENUE</b> CITY-ST-ZIP <b>ST. PETERSBURG FL</b> <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)