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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**

DOCUMENT # **P95000037185**1. Corporation Name

CENTRAL FLORIDA DIRECTORY PUBLICATIONS, INC.

Principal Place	e of Business	Mailing Address			# INDIFIER FOR THE PRINCE BRIDE BRID
832 N.W. 30TH AVENUE 832 N.W. 30TH AVENUE					
200 200					DO NOT WOITE IN THE CRACE
OCALA FL 34475 OCALA FL 34475					DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
		O. Mailing Address			05/08/1995 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address					59-3317285 Not Applicable
21 Suite Ant	# oto	Suite Ant # etc	Suite, Apt. #, etc.		\$8.75 Additional
Suite, Apt. #, etc.		- ├ - '''	27		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip Country		Zip			8. This corporation owes the current year Intangible
24 25		29 30	30		Personal Property Tax. ☐ Yes 🕱 No
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
·	· ·		81	Name	Colson, Cecelia A.
	son, Herbert H.		82	Street A	Address (P.O. Box Number is Not Acceptable)
832 NW 30TH AVENUE			102	//6	0/2 S.W, 58th Ave Rd.
SUITE 200			83		
OCA	LA FL 34475		04	City	85 Zip Code
			84	City	OCALA FL 34476
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the above	-named c	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 ag	ent and title if applicable. (NOTE: Re	gistered Agent	l signature red	equired when reinstating) DATE
12.		ND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	☐ DELETE	1.1 TITLE		PST Change Addition
NAME.	COLSON, HERBERT H.		1.2 NAME		Colson, Cacelin A. 11012 S.W. S&TA Ave Rd.
STREET ADDRESS	832 NW 30TH AVENUE		1.3 STREET	ADDRESS	OCALA, FL 34476
CITY-ST-ZIP	OCALA FL 34475		1.4 CITY-\$1	-ZIP	
TITLE)		☐ DELETE	2.1 TITLE	ŀ	☐ Change ☐ Addition
NAME			2.2 NAME	-	
STREET ADDRESS	*****		2.3 STREET	ADDRESS	
CITY-ST-ZIP			2.4 CITY-S	T-ZiP	Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		Cottange C Made C
NAME			3.2 NAME		
STREET ADDRESS	* * * * * * * * * * * * * * * * * * * *		3.3 STREET		
CITY-ST-ZIP		□ DCI ETT	3.4. CITY-S	T-ZiP	Change Addition
TITLE		☐ DETELE	4.1 TITLE	1	C) Citalige C) Addition
NAME			4. 2 NAME		
STREET ADDRESS	.		4.3 STREET	- 1	•
CITY-ST-ZIP		- Delete	4.4 CITY-S1	-ZIP	Change Addition
TITLE	3	☐ DELETE	5.1 TITLE 5.2 NAME		
NAME	,		5.3 STREET	ADDRESS	
STREET ADDRESS				- 1	
CITY-ST-ZIP	<u> </u>	☐ DELETE	5.4 CITY-ST 6.1 TITLE	-217	☐ Change ☐ Addition
TITLE			6.2 NAME	1	Townso Hanney
NAME			6.3 STREET	ADDRESS	
STREET ADDRESS			li .	- 1	
CITY-ST-ZIP			6.4 CITY-ST	-212	

CITY-ST-ZIP 14. Thereby 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: