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FILED  
May 06 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 # P95000043279 (5)

1. Corporation Name  
CENSTATE HOLDING CORP.

Principal Place of Business

4722 N GALLAGHER ROAD  
SUITE 801  
PLANT CITY FL 33618  
US

Mailing Address

PO BOX 290771  
SUITE 201  
TEMPLE TERRACE FL 33687-0771  
US



2. Principal Place of Business		2a. Mailing Address	
21 6109 Orient Road		26 6109 Orient Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Tampa, FL		28 Tampa, FL	
Zip		Zip	
24 33610		29 33610	
Country		Country	
25 USA		30 USA	

3. Date Incorporated or Qualified	3a. Date of Last Report
06/06/1995	07/16/1996
4. FEI Number	Applied For
59-3317948	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HOLDER, DAVID R  
6109 ORIENT ROAD  
TAMPA FL 33610

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	V
NAME	HOLDER, DAVID R	1.2 NAME	MORRIS, TIMOTHY R
STREET ADDRESS	4722 N GALLAGHER ROAD	1.3 STREET ADDRESS	P.O. BOX 290771 "NA"
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	TAMPA FL 33687-0771
TITLE	S	2.1 TITLE	
NAME	HUTCHESON, BEVERLY D	2.2 NAME	
STREET ADDRESS	PO BOX 73 "NA"	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEBSTER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	PCD
NAME		3.2 NAME	HOLDER, DAVID R
STREET ADDRESS		3.3 STREET ADDRESS	139 SMOKEY MOUNTAIN ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	SEFFNER, FL 33584
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 in an attachment with an address.

SIGNATURE:

*[Signature]*

CR2E034 (9/96)