## 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 # P9600002226

1. Corporation Name

## **FILED** Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90112 013 \*\*\*150.00

CENTRA	L FLURIDA PUBLISHING, I	ING.					
Principal Place	e of Business	Mailir	ng Address			t sessiéét tie latie bitit éétit éétit éétit éétit autre (late juse ile	(85(
94 EAST MITCHELL HAMMOCK ROAD 94 EAST MITCHELL HAMMOC OVIEDO FL 32765 OVIEDO FL 32765				OCK ROAD		DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 01/08/1996	
2 Bringing D	lace of Business	2a M	lailing Address		-		ied For
	lace of Dusiness	-	aming received				Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Adv	<del></del>
22	<i>"</i> , e.e.	27				5. Certificate of Status Desired Fee Requ	
City & State	9		ity & State			6. Election Campaign Financing S5.00 M	av Be
23		28				Trust Fund Contribution Added to	
Zip	Country		p	Countr	·	8. This corporation owes the current year intangible	
24	25	29		30		Personal Property Tax.	]No
<del></del>	9. Name and Address of Curre	nt Register	ed Agent			10. Name and Address of New Registered Agent	
				81	Name		
THOMAS, THOMAS R. 94 E. MITCHELL HAMMOCK RD.				82	82 Street Address (P.O. Box Number is Not Acceptable)		
OVIE	DO FL 32765			83	<del>                                     </del>		
				84	City	FL 85 Zip Co	de
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida.	Such change was a	iuthorized by	the corpo	I corporation submits this statement for the purpose of changing its reporation's board of directors. I hereby accept the appointment as regis	egistered stered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if ap	oplicable. (NOTE	: Registered Age	nt signature re	required when reinstating) DATE	
12.	OFFICERS A	ND DIRECT		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	PD		☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	MASON, ROBERT			1.2 NAME			
STREET ADDRESS	428 CELERY CIRCLE N.			1.3 STREE	TADORESS		
CITY-ST-ZIP	OVIEDO FL			1.4 CITY-	T-ZIP		CETT A LUIS
TILE	VPDS		☐ DELETE	2.1 TITLE		TREOSURER Change	Addition
NAME	THOMAS, THOMAS R.			2.2 NAME			
STREET ADDRESS	758 N. GRETNA CT.			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL			2. 4 CITY-	ST-ZIP		
TITLE	TD		DELETE	3.1 TITLE		☐ Change	Addition
NAME	MCKAIGE, GEORGE T.			3.2 NAME	J	]	
STREET ADDRESS	1802 N. LAUREL DR.			3.3 STREE	T ADDRESS	•	
CITY-ST-ZIP	ROCKLEDGE FL			3.4. CITY-	ST-ZIP		
TITLE	D		☐ DELETE	4.1 TITLE		☐ Change	Addition Addition
NAME	MALLOY, THOMAS M			4. 2 NAME	ļ	`	
STREET ADDRESS	1075 WEAVER DRIVE			4.3 STREE	TADORESS		
CITY-ST-ZIP	OVIEDO FL 32765			4.4 CITY-	ST-ZIP		
TITLE			☐ DELETE	5.1 TITLE		Change	Addition Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREI	TADDRESS		
CITY-ST-ZIP	i					1	
				5.4 CITY-	ST-ZIP		
TITLE			☐ DELET <b>Ë</b>	5.4 CITY- 6.1 TITLE	ST-ZIP	☐ Change	Addition
TITLE NAME		<del></del>	☐ DELETÉ		ST-ZIP	☐ Change	Addition
			☐ DELETÉ	6.1 TITLE 6.2 NAME	ST-ZIP		Addition

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:** 

CINIO.