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FILED
May 28 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 # P96000025705 (0)
1. Corporation Name
CENTRA COMMUNICATIONS, INC.



Principal Place of Business
222 SOUTH WESTMONT DRIVE
SUITE 204
ALTAMONTE SPRINGS FL 32714

Mailing Address
222 SOUTH WESTMONT DRIVE
SUITE 204
ALTAMONTE SPRINGS FL 32714-4268

3. Date Incorporated or Qualified 03/22/1996
3a. Date of Last Report

2. Principal Place of Business
21 495 E. SEMOAN BLVD

2a. Mailing Address

4. FEI Number 59-3375824
Applied For
Not Applicable

Suite, Apt. #, etc.
22 S 105

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Casselberry FL

City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip
24 32707

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Country
25 USA

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANK, STUART
222 SOUTH WESTMONTE DRIVE
SUITE 204
ALTAMONTE SPRINGS FL 32714

81 Name David Gewantox Don Edwards
82 Street Address (P.O. Box Number is Not Acceptable) 495 E SEMOAN BLVD
83 S 105
84 City Casselberry FL 85 Zip Code 32707

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME EDWARDS, DONALD E
STREET ADDRESS 11801-5 28TH ST.
CITY-ST-ZIP ST. PETERSBURG FL 33716

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

900002203739
-06/06/97--01013--018
***165.00

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 on an attachment with an address.

SIGNATURE

CR2E034 (9/96)