

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90113 010 ***150.00

DOCUMENT # P96000098409

1. Corporation Name

CENTURY HOUSE APARTMENTS CORPORATION

Principal Place of Business
8916 NORTH 56TH STREET
TAMPA FL 33617

Mailing Address
P.O. BOX 419
TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

59-3501312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 107 So DELAWARE

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 TAMPA FL

24 Zip Country

25 33606

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

WILSON, WILLIAM
3314 HENDERSON BLVD.
#100/CAPITAL SERVICES
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

LELAND L SWINEHART

82 Street Address (P.O. Box Number is Not Acceptable)

114 BALTIC CIRCLE

83

84 City

TAMPA

FL

85 Zip Code

33606

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

4/21/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
WILSON, WILLIAM
8916 NORTH 56TH STREET
TAMPA FL 33617

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PD
LELAND L SWINEHART
PO BOX 419
TAMPA FL 33601

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 #

4/28/99 813 874 2907

CR2E034 (11/98)

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