

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000048767 (2)

1. Corporation Name

CENTRAL SUBURBAN, INC.



Principal Place of Business

1815 MARINER DRIVE, #184
TARPON SPRINGS FL 34689

Mailing Address

1815 MARINER DRIVE, #184
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

☒ 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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 563 BAYWOOD DRIVE S.

26 563 BAYWOOD DRIVE SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DUNEDIN FL 31698

City & State

28 DUNEDIN FL

Zip

Country

24 34698

25 USA

Zip

Country

29 34698

30 USA

9. Name and Address of Current Registered Agent

WOLLINKA, DAVID J
2312 U.S. HIGHWAY 19
HOUDAY FL 34690

10. Name and Address of New Registered Agent

81 Name

MENKVELD JOHN A

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

563 BAYWOOD DRIVE SOUTH

83

84

DUNEDIN

FL

85 Zip Code

34698

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

JOHN A. MENKVELD

4-23-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MENKVELD, JOHN A	
STREET ADDRESS	1815 MARINER DRIVE, #184	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MENKVELD, BETTY J	
STREET ADDRESS	1815 MARINER DRIVE, #184	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MENKVELD JOHN A	
1.3 STREET ADDRESS	563 BAYWOOD DRIVE SOUTH	
1.4 CITY-ST-ZIP	DUNEDIN FL. 34698	

2.1 TITLE	V. PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MENKVELD BETTY J.	
2.3 STREET ADDRESS	563 BAYWOOD DRIVE SOUTH	
2.4 CITY-ST-ZIP	DUNEDIN FL 34698	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE

JOHN A. MENKVELD

JOHN A. MENKVELD-PRES

4-23-98

813-733-7063

CR2E034 (10/97)