

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90012 002 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000048767 ✓  
 1. Corporation Name  
**CENTRAL SUBURBAN, INC.**

Principal Place of Business: 563 BAYWOOD DRIVE S. DUNEDIN FL 34698 US  
 Mailing Address: 563 BAYWOOD DRIVE SOUTH DUNEDIN FL 34698 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 4932 South Shore Dr. Suite, Apt. #, etc. City & State: 23 New Port Richey FL Zip: 24 34652 Country: 25 USA

2a. Mailing Address: 26 4932 South Shore Dr. Suite, Apt. #, etc. City & State: 28 New Port Richey FL Zip: 29 34652 Country: 30 USA

3. Date Incorporated or Qualified: 06/02/1997

4. FEI Number: APPLIED FOR 59-3456491 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: Yes No

9. Name and Address of Current Registered Agent  
 MENKVELD, JOHN A  
 563 BAYWOOD DRIVE SOUTH  
 DUNEDIN FL 34698

10. Name and Address of New Registered Agent  
 81 Name: Menkveld, John A.  
 82 Street Address (P.O. Box Number is Not Acceptable): 4932 South Shore Dr.  
 83 City: New Port Richey  
 84 City: FL 85 Zip Code: 34652

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MENKVELD, JOHN A		1.2 NAME: Menkveld, John A.	
STREET ADDRESS: 563 BAYWOOD DRIVE SOUTH		1.3 STREET ADDRESS: 4932 South Shore Dr.	
CITY-ST-ZIP: DUNEDIN FL 34698		1.4 CITY-ST-ZIP: New Port Richey, FL 34652	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE: VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MENKVELD, BETTY J		2.2 NAME: Menkveld, Betty J.	
STREET ADDRESS: 563 BAYWOOD DRIVE SOUTH		2.3 STREET ADDRESS: 4932 South Shore Dr.	
CITY-ST-ZIP: DUNEDIN FL 34698		2.4 CITY-ST-ZIP: New Port Richey, FL 34652	
TITLE: [ ]	<input type="checkbox"/> DELETE	3.1 TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [ ]		3.2 NAME: [ ]	
STREET ADDRESS: [ ]		3.3 STREET ADDRESS: [ ]	
CITY-ST-ZIP: [ ]		3.4 CITY-ST-ZIP: [ ]	
TITLE: [ ]	<input type="checkbox"/> DELETE	4.1 TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [ ]		4.2 NAME: [ ]	
STREET ADDRESS: [ ]		4.3 STREET ADDRESS: [ ]	
CITY-ST-ZIP: [ ]		4.4 CITY-ST-ZIP: [ ]	
TITLE: [ ]	<input type="checkbox"/> DELETE	5.1 TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [ ]		5.2 NAME: [ ]	
STREET ADDRESS: [ ]		5.3 STREET ADDRESS: [ ]	
CITY-ST-ZIP: [ ]		5.4 CITY-ST-ZIP: [ ]	
TITLE: [ ]	<input type="checkbox"/> DELETE	6.1 TITLE: [ ]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [ ]		6.2 NAME: [ ]	
STREET ADDRESS: [ ]		6.3 STREET ADDRESS: [ ]	
CITY-ST-ZIP: [ ]		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: \_\_\_\_\_ DATE: 7-7-99 TIME: 727-8453118

CR2E034 (5/99)