

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

91 MAY -1 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S61562** (2)

1. Corporation Name

CENTRAL Q. INC.

Principal Place of Business

P O BOX 1765
LUTZ FL 33549

Mailing Address

P O BOX 1765
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/19/1991

3a. Date of Last Report
05/01/1994

4. FCI Number

59-3078837

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**THUERMER, DAVID E.
18109 GERACI RD
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(Print Name of Current Registered Agent and New Registered Agent)

(Print Name of Current Registered Agent and New Registered Agent)

Date

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

**P
THUERMER, DAVID E.
18109 GERACI RD
LUTZ FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP

☐ Change ☐ Addition

4. NAME
5. STREET ADDRESS
6. CITY, ST, ZIP

☐ Change ☐ Addition

7. NAME
8. STREET ADDRESS
9. CITY, ST, ZIP

☐ Change ☐ Addition

10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

☐ Change ☐ Addition

13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP

☐ Change ☐ Addition

16. NAME
17. STREET ADDRESS
18. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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. I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David E. Thuermer

4/30/95

(813) 948-1998