

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 28 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18073 (9)

1. Corporation Name

CENTRAL MANAGEMENT AGENCY, INC.

Principal Place of Business

107 MELVIN
DESTIN FL 32541

Mailing Address

107 MELVIN
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

01/25/1994

4. FEI Number

59-3110915

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 331 Mountain Dr.

Suite, Apt. #, etc.

22

City & State

23 Destin, FL

Zip

24 32541

Country

25 USA

2a. Mailing Address

26 331 Mountain Dr.

Suite, Apt. #, etc.

27

City & State

28 Destin, FL

Zip

29 32541

Country

30 USA

9. Name and Address of Current Registered Agent

MOORE, BERT
102 BAYSHORE DR.
NICEVILLE FL 32578

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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALENTYA, ALDRETE
STREET ADDRESS	107 MELVIN
CITY- ST- ZIP	DESTIN FL 32541
TITLE	D
NAME	WALENTYA, ALDRETE
STREET ADDRESS	107 MELVIN
CITY- ST- ZIP	DESTIN FL 32541
TITLE	V
NAME	COLEMAN, JOHN ANDREW
STREET ADDRESS	498 LINKSIDE
CITY- ST- ZIP	DESTIN FL 32541
TITLE	ST
NAME	COLEMAN, JOHN ANDREW
STREET ADDRESS	498 LINKSIDE
CITY- ST- ZIP	DESTIN FL 32541
TITLE	D
NAME	COLEMAN, JOHN ANDREW
STREET ADDRESS	498 LINKSIDE
CITY- ST- ZIP	DESTIN FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	John Andrew Coleman	
1.3 STREET ADDRESS	331 Mountain Drive	
1.4 CITY- ST- ZIP	Destin, FL 32541	
2.1 TITLE	Director	☒ Change ☐ Addition
2.2 NAME	John Andrew Coleman	
2.3 STREET ADDRESS	331 Mountain Drive	
2.4 CITY- ST- ZIP	Destin, FL 32541	
3.1 TITLE	Vice-President	☒ Change ☐ Addition
3.2 NAME	John Andrew Coleman	
3.3 STREET ADDRESS	331 Mountain Drive	
3.4 CITY- ST- ZIP	Destin, FL 32541	
4.1 TITLE	Secretary-Treasurer	☒ Change ☐ Addition
4.2 NAME	John Andrew Coleman	
4.3 STREET ADDRESS	331 Mountain Drive	
4.4 CITY- ST- ZIP	Destin, FL 32541	
5.1 TITLE	Director	☒ Change ☐ Addition
5.2 NAME	John Andrew Coleman	
5.3 STREET ADDRESS	331 Mountain Drive	
5.4 CITY- ST- ZIP	Destin, FL 32541	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

01/24/95

(Date)

(Signature) (Type)