

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 21 1996 8:00 am
Secretary of State

DOCUMENT # V60320 (1)
1. Corporation Name
1400 CENTREPARK, INCORPORATED



Principal Place of Business

**C/O WALTER J. MACKEY, JR.
821 CHATHAM LANE STE. 110
COLUMBUS OH 43221-2458**

Mailing Address

**C/O WALTER J. MACKEY, JR.
1601 FORUM PLACE, STE. 805
WEST PALM BEACH FL 33401
US**

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

**MACKEY, WALTER J JR.
772 LAGOON DR.
NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified
08/26/1992

3a. Date of Last Report
02/21/1995

4. FEI Number

65-0358030

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

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 title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **KRUMM, WALTER T**
STREET ADDRESS **4951 GULFSHORE B1 NORTH-PH301**
CITY-ST-ZIP **NAPLES FL 33940**

TITLE **DST** ☐ DELETE
NAME **MACKEY, WALTER J JR.**
STREET ADDRESS **772 LAGOON DR.**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **Director/Chairman** ☒ Change ☐ Addition
1.2 NAME **Krumm, Walter T.**
1.3 STREET ADDRESS **4051 Gulfshore Blvd. N., PH301**
1.4 CITY-ST-ZIP **Naples, FL 33940-2685**

2.1 TITLE **Director/President** ☒ Change ☐ Addition
2.2 NAME **Mackey, Walter J., Jr.**
2.3 STREET ADDRESS **772 Lagoon Drive**
2.4 CITY-ST-ZIP **North Palm Beach, FL 33408**

3.1 TITLE **Secretary/Treasurer** ☐ Change ☒ Addition
3.2 NAME **Williams, Edward S.**
3.3 STREET ADDRESS **6080 Terra Rosa Circle**
3.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **100001788501** ☐ Change ☐ Addition
5.2 NAME **-04/22/96--01031--020**
5.3 STREET ADDRESS *****600.00**
5.4 CITY-ST-ZIP

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

Date

407/684-8811

Daytime Phone #

CR2E034 (12/95)