

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V60903** (4)

1. Corporation Name  
**CENTRE-MARK CORP.**

Principal Place of Business

**10221 HIGHWAY 301  
DADE CITY FL 33525  
US**

Mailing Address

**10221 HWY 301  
DADE CITY FL 33525-0818  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/31/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3141622</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EHRMAN, ROBERT C. JR.  
10221 HWY 301  
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NATHE, KENNETH</b>	1.2 NAME	
STREET ADDRESS	<b>3222 S AMBERLEA RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EHRMAN, ROBERT C., SR.</b>	2.2 NAME	
STREET ADDRESS	<b>10221 HIGHWAY 301</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EHRMAN, ROBERT C., JR.</b>	3.2 NAME	
STREET ADDRESS	<b>102221 HIGHWAY 301</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DODD, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>12546 ABBEY DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>POTD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>P/D/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EHRMAN, ROBERT C. JR</b>	5.2 NAME	
STREET ADDRESS	<b>14022 PARK ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>GARRY A EHRMAN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>10221 Hwy 301</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>DADE CITY FL 33525</b>

14. I do 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:  **ROBERT C. EHRMAN, JR.** 4/20/97 352 567-1349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)