

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

DOCUMENT # **537736** (1)
1. Corporation Name
INDUSTRIAL PARK DEVELOPMENT CORPORATION



Principal Place of Business: **200 E. ROBINSON STREET SUITE 920 ORLANDO FL 32801 US**
Mailing Address: **200 E. ROBINSON STREET SUITE 920 ORLANDO FL 32801 US**

3. Date Incorporated or Qualified: **06/22/1977**
3a. Date of Last Report: **03/28/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: **59-1784611**
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

9. Name and Address of Current Registered Agent: **BARKER, EARL M., JR. 334 E. DUVAL ST. JACKSONVILLE FL 32202**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, WILLIAM C JR	1.2 NAME	
STREET ADDRESS	1300 NW 167TH ST	1.3 STREET ADDRESS	MIAMI FL 33169
CITY-ST-ZIP	-MIAMI-FL	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLEHART, BERTHA	2.2 NAME	
STREET ADDRESS	1300 NW 167TH ST	2.3 STREET ADDRESS	MIAMI FL 33169
CITY-ST-ZIP	-MIAMI-FL	2.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, EARL M., JR.	3.2 NAME	
STREET ADDRESS	334 E. DUVAL ST.	3.3 STREET ADDRESS	JACKSONVILLE FL 32202
CITY-ST-ZIP	-JACKSONVILLE-FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, DANIEL B	4.2 NAME	
STREET ADDRESS	200 E. ROBINSON STREET #920	4.3 STREET ADDRESS	ORLANDO FL 32801
CITY-ST-ZIP	-ORLANDO-FL	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	100001789701
STREET ADDRESS		5.3 STREET ADDRESS	-04/23/96--01001--003
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***208.75
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 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: Earl M. Barker, Jr. **Earl M. Barker, Jr.** 4/18/96 **4-20-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)