

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725982**

1. Corporation Name

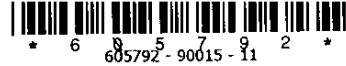
PORT CANAVERAL-BREVARD COUNTY SOLILLAGE CLEANUP

Principal Place of Business
**9020 POMPANO ST
CAPE CANAVERAL FL 32920**

Mailing Address
**P. O. BOX 25
CAPE CANAVERAL FL 32920
US**

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90015 011 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/03/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		23-7183178	
24		29		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
		30		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**SIMON, JERRY M.
200 GEORGE KING BLVD.
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	TSO	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMON, J.M.	1.2 NAME	
STREET ADDRESS	200 GEORGE KING BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT CANAVERAL, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	KOIVU, M.	2.2 NAME	
STREET ADDRESS	605 TOWNSEND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32926	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☒ Change ☐ Addition
NAME	ALDEN, G.	3.2 NAME	JACOBSEN, JOE
STREET ADDRESS	960 MULLET RD	3.3 STREET ADDRESS	9035 FLOUNDER ST.
CITY-ST-ZIP	CAPE CANAVERAL FL 32920	3.4 CITY-ST-ZIP	CAPE CANAVERAL, FL. 32920
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry M. Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-99

Date

407-783-7831

Daytime Phone #

CR2E037 (11/98)

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