

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763611 (1)  
1. Corporation Name

**GREATER TAMPA BAY CHAPTER NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS, INC.**



Principal Place of Business: 4509 GEORGE RD. TAMPA FL 33634  
Mailing Address: 4509 GEORGE RD. TAMPA FL 33634

3. Date Incorporated or Qualified: 06/08/1982  
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2504370  
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  
**MORGAN, ANNE B  
KING ENGINEERING ASSOCIATES  
5440 BEAUMONT CENTER BLVD., SUITE 460  
TAMPA FL 33634**

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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCHLER, JOSEPH G.	
STREET ADDRESS	P.O. BOX 2270 N/A	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRUEGER, ROBERT	
STREET ADDRESS	3725 W GRACE ST STE 212-	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VERSAGGI, ROSEANNE	
STREET ADDRESS	3001 N ROCKY PT DRIVE	
CITY - ST - ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURK, CLARK	
STREET ADDRESS	5402 BEAUMONT CTR BLVD	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SARON, CAROLE	
STREET ADDRESS	4509 GEORGE RD.	
CITY - ST - ZIP	TAMPA FL	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	GANG, NENA	
STREET ADDRESS	4509 GEORGE RD.	
CITY - ST - ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	3162 Woodlawn Center Blvd	
14 CITY - ST - ZIP	TAMPA, FL 33614	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	6302 Benjamin Rd #401	
24 CITY - ST - ZIP	TAMPA FL 33634	
31 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DEBRA Koehler	
33 STREET ADDRESS	6200 Courtney Campbell #600	
34 CITY - ST - ZIP	TAMPA, FL 33607	
41 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	1304 DeSoto Ave	
44 CITY - ST - ZIP	TAMPA FL 33606	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Debra Koehler DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)