FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N22198 (8)

1. Corporation Name
ORLANDO NORTH INDUSTRIAL PARK OWNER'S ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
%ROBERT N. JOHNSON 933 LEE ROAD, SUITE 400 ORLANDO FL 32810	%ROBERT N. JOHNSON 933 LEE ROAD, SUITE 400 ORLANDO FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1987
3a. Date of Last Report: 07/21/1994
4. FEI Number: 59-2880373 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT N.
933 LEE ROAD, SUITE 400
ORLANDO FL 32810

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HARPER, JAMES	1.2 NAME		
STREET ADDRESS	2054 SPRINT BLVD	1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP		
TITLE	DST	2.1 TITLE	Director	X Change ☐ Addition
NAME	ALBERS, D. ALAN	2.2 NAME	Judy Wolek	
STREET ADDRESS	933 LEE ROAD, SUITE 400	2.3 STREET ADDRESS	2036 Sprint Blvd	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE	D	3.1 TITLE	Director	X Change ☐ Addition
NAME	ZENTNER, WALTER	3.2 NAME	Ron Obee	
STREET ADDRESS	2152 SPRINT BLVD	3.3 STREET ADDRESS	2152 Sprint Blvd	
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	Apopka, FL 32703	
TITLE		4.1 TITLE	Director	☐ Change XX Addition
NAME		4.2 NAME	Robert N. Johnson	
STREET ADDRESS		4.3 STREET ADDRESS	Lot 7/441, 933 Lee Road, Ste 400	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando, FL 32810	
TITLE		5.1 TITLE	Director	☐ Change XX Addition
NAME		5.2 NAME	Robert Heitler	
STREET ADDRESS		5.3 STREET ADDRESS	Reuniona, Inc., Sprint Blvd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Apopka, FL 32703	
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 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)(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.

SIGNATURE: Robert N. Johnson Robert N. Johnson, Dir. 04/17/95 407-629-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000400