

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **N95000000830 (8)**  
1. Corporation Name  
**CUMBERLAND INDUSTRIAL PARK ASSOCIATION, INC.**



Principal Place of Business: **9140 GOLFSIDE DR. SUITE 11 JACKSONVILLE FL 32256**  
Mailing Address: **9140 GOLFSIDE DR. SUITE 11 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **02/20/1995**  
3a. Date of Last Report

2. Principal Place of Business  
21 **10450 San Jose Blvd.**  
Suite, Apt. #, etc. **22 Suite 3**  
City & State **23 Jacksonville, FL**  
Zip **24 32257** Country **25 Duval**  
2a. Mailing Address  
26 **10450 San Jose Blvd.**  
Suite, Apt. #, etc. **27 Suite 3**  
City & State **28 Jacksonville, FL**  
Zip **29 32257** Country **30 Duval**

4. FEI Number: **59-2817056**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**JONES, JAMES G  
9140 GOLFSIDE DR.  
SUITE 11  
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent  
81 Name: **R. Lee Smith**  
82 Street Address (P.O. Box Number is Not Acceptable): **10450 San Jose Blvd.**  
83 **Suite 3**  
84 City: **Jacksonville** FL 85 Zip Code: **32257**

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]* **R. Lee Smith, Director**  
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>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>JONES, JAMES G</b></del>	1.2 NAME	<b>JONES, JAMES G</b>
STREET ADDRESS	<del><b>9140 GOLFSIDE DR., #11</b></del>	1.3 STREET ADDRESS	<b>9140 GOLFSIDE DR., #11</b>
CITY-ST-ZIP	<del><b>JACKSONVILLE FL 32256</b></del>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, R. LEE</b>	2.2 NAME	
STREET ADDRESS	<b>10450 SAN JOSE BLVD., #3</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del><b>TOWNSEND, W.R.</b></del>	3.2 NAME	<b>TOWNSEND, W.R.</b>
STREET ADDRESS	<del><b>1465 COUNTY RD. 210 WEST</b></del>	3.3 STREET ADDRESS	<b>1465 COUNTY RD. 210 WEST</b>
CITY-ST-ZIP	<del><b>ST. AUGUSTINE FL 32086</b></del>	3.4 CITY-ST-ZIP	<b>ST. AUGUSTINE, FL 32086</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	<b>300001883263</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-07/03/96--01040--030</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***61.25</b>
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	

05-01-96 or

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: *[Signature]* **R. Lee Smith, Director**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)