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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

1831 RENDY ROAD NEW SMYRNA BEACH FL 32168

DOCUMENT # **L5379**9

(7)

NEW SMYRNA BEACH FL 32168

1831 RENDY ROAD

A & P INDUSTRIAL PROPERTIES, INC.

Principal Place of Business Mailing Address

| | | | | | | | 3. Date Incorporated or Qualified 02/26/1990 | | 03/07/1995 | |
|--------------------------------|-------------------------------|-----------------------|-----------------|---------------------|-------|------|---|---------------|---------------------------------|------|
| 2. Principal Place of Business | | | 2a. Mailin | 2a. Mailing Address | | | 4. FEI Number | | Applied Fo | or |
| 21 | | | 26 | | | | 59-3040829 | | Not Applic | able |
| 22 | Suite, Apt. #, etc. | | Suite. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 Addition Fee Required | ıal |
| 23 | City & State | | City 8 | State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | I |
| 24 | Zip | Country 25 | Zip 29 | 30 | intry | | 8. This corporation has liability for Florida Statutes Yes | intang ble ta | ax under s. 199.032, | |
| | 9. Name | e and Address of Curi | rent Registered | Agent | Ī | | 10. Name and Address of New F | egistered | Agent | |
| | | | | | | Name | | | | |
| | NAFF, ABBIE D 1831 RENDY R | _ | | | | | | | | |
| NEW SMYRNA BEACH FL 32168 | | | | | | | | | | |
| | | | | | 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.

| SIGNATURE Signative, based or printed nanie of registrated agent, and the fill against it. MoTe. Engistered Agent agent across renotating. DATE | | | | | | | | | | | | |
|--|---------------------------|----------|---------------------------|---|---------------------|--|--|--|--|--|--|--|
| 12. | OFFICERS AND DIRECTOR | | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | | | |
| TITLE | PST | DELETE | 1. 1 TITLE | VP | Change Addition | | | | | | | |
| NAME | NAFF, ABBIE D. | | 1.2 NAMÉ | Abbie D. Daft | | | | | | | | |
| STREET ADDRESS | 1831 RENDY RD | | 1.3 STREET ADORESS | Abbie D. natt 1881 Rendy RCD | | | | | | | | |
| City-ST-ZiP | NEW SMYRNA BCH FL | | 1.4.0HY+S1+ZIP | New Smyrna Beb, Fl. | 32168 | | | | | | | |
| TITLE | D | DELETE | 2 1 TITLE | PST | Change Addition | | | | | | | |
| NAME | NAFF, W. PHILIP | | 2.2 NAME | Naff, W. Philip 1831 Rendy Rd | | | | | | | | |
| STREET ADDRESS | 1831 RENDY ROAD | | 2.3 STREET ADDRESS | 1831 Rendy Rd | | | | | | | | |
| CHIY - ST - ZIP | NEW SMYRNA BEACH FL 32168 | | 2.4 Crty+\$1+ Z rP | 15B F1 32168 | | | | | | | | |
| TITLE | | ☐ DELETE | 3 1 TI1LF | | Change | | | | | | | |
| NAME | | | 3.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 3.3 STHEET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 3.4 City - ST - ZiP | | | | | | | | | |
| TITLE | | DELETE | 4 1 TITLE | | Change Addition | | | | | | | |
| NAME | | | 4.2 NAME | | | | | | | | | |
| STREET ADORESS | | | 4.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 City - ST - ZiF | | <u></u> | | | | | | | |
| TITLE | | □ DELETE | 5 1 TITLE | | ☐ Change ☐ Addition | | | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 C(TY - ST - 7)P | | | | | | | | | |
| THLE | | DELETE. | 6 1 TITLE | | Change | | | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET AUDRESS | | | | | | | | | |
| CITY - ST - ZIP | | | 64 CITY - ST. ZIP | | | | | | | | | |

14. I do hereby certify that the information supplied with this firing 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 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

4/18/96 (904)427-497

CR2E034 (12/95)