

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

DOCUMENT # N93000000732 (8)

1. Corporation Name

ENTERPRISE FLORIDA, INC.



Principal Place of Business

Mailing Address

200 S. ORANGE AVE.
SUITE 1200
ORLANDO FL 32801
US

200 S. ORANGE AVE.
SUITE 1200
ORLANDO FL 32801
US

3. Date Incorporated or Qualified
02/18/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3165226

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LASTINGER, ALLEN L JR
50 N LAURA ST
JACKSONVILLE FL 32203

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when testating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME APTHORP, JIM
STREET ADDRESS 15307 AMBERLY DR SUITE 180
CITY-ST-ZIP TAMPA FL 33647-1000

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE P ☒ DELETE
NAME HODUE, HOWARD
STREET ADDRESS 200 S. ORANGE AVE., #1200
CITY-ST-ZIP ORLANDO FL

21 TITLE ☐ Change ☒ Addition
22 NAME Anderson, John C
23 STREET ADDRESS 200 South Orange Ave. Suite 1200
24 CITY-ST-ZIP Orlando, FL 32801

TITLE D ☒ DELETE
NAME DONOVAN, FRED C
STREET ADDRESS 316 S BAYLEN ST SUITE 300
CITY-ST-ZIP PENSACOLA FL 32501

31 TITLE ☐ Change ☒ Addition
32 NAME Nunis, Richard A
33 STREET ADDRESS 1375 Buena Vista Drive
34 CITY-ST-ZIP Lake Buena Vista, FL 32830

TITLE T ☐ DELETE
NAME STEWARD, STEVEN
STREET ADDRESS 200 S. ORANGE AVE. #1200
CITY-ST-ZIP ORLANDO FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS 700001847657
44 CITY-ST-ZIP -06/03/96--01031--016
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TITLE S ☐ DELETE
NAME GARDNER, JAMES
STREET ADDRESS ONE CORPORATE DR
CITY-ST-ZIP PALM COAST FL

51 TITLE ☒ Change ☐ Addition
52 NAME D
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GARGUILO, JEFF
STREET ADDRESS 1500 OLD 41 N
CITY-ST-ZIP NAPLES FL 33963

61 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

407-425-5313

Date

Daytime Phone

CR2E037 (12/95)