

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 23 1996 8:00 am
Secretary of State

DOCUMENT # 166295 (6)

1. Corporation Name

THE CANAVERAL CORPORATION

Principal Place of Business

1 TANKER TURN RD
CAPE CANAVERAL FL 32920
US

Mailing Address

P O BOX 524
CAPE CANAVERAL FL 32920
US

3. Date Incorporated or Qualified
09/04/1951

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-0678913

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

LULEY, CAROLINE J
1 TANKER TURN RD
CAPE CANAVERAL FL 32920

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
ST
LULEY, CAROLINE J
1 TANKER TURN DR.
CAPE CANAVERAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
VP
LULEY, JOSEPH C
1 TANKER TURN DRIVE
CAPE CANAVERAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
VP
LULEY, AMY J
1 TANKER TURN RD
CAPE CANAVERAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
BOD
DOUGLASS, SHARON LULEY
1 TANKER TURN RD
CAPE CANAVERAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
BOD
BIRDSALL, JILLIAN DOUGLA
1 TANKER TURN RD
CAPE CANAVERAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP
P
LULEY, CYRUS
1 TANKER TURN RD
CAPE CANAVERAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Carolyn J. Luley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-96

Date

Daytime Phone #

CR2E034 (12/95)