

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90092 047 ***150.00

DOCUMENT # 166295

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1951

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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	VP	<input checked="" type="checkbox"/> DELETE
NAME	LYNN LULEY	
STREET ADDRESS	1 TANKER TURN DR	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LULEY, JOSEPH C	
STREET ADDRESS	1 TANKER TURN DRIVE	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LULEY, AMY J	
STREET ADDRESS	1 TANKER TURN RD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	BOD	<input type="checkbox"/> DELETE
NAME	LULEY, LYNN	
STREET ADDRESS	1 TANKER TURN RD	
CITY-ST-ZIP	CAPE CAVERNAL FL	
TITLE	BOD	<input type="checkbox"/> DELETE
NAME	BRADY, TRACI	
STREET ADDRESS	1 TANKER TURN RD	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lynn Luley	
1.3 STREET ADDRESS	1 TANKER TURN RD	
1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAROLINE J LULEY	
2.3 STREET ADDRESS	1 TANKER TURN RD	
2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/99 (407) 283-3030

CR2E034 (1/98)