

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **356598** (3)
1. Corporation Name
EGP OF VOLUSIA COUNTY, INC.



Principal Place of Business
**1420 W. WASHINGTON ST.
P.O. BOX 1363
ORLANDO FL 32802**

Mailing Address
**1420 W. WASHINGTON ST.
P.O. BOX 1363
ORLANDO FL 32802**

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 12/11/1969	3a. Date of Last Report 03/02/1995
4. FEI Number 59-1283999	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

**DAY, JOHN H.
1420 W. WASHINGTON STREET
ORLANDO FL 32805**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1536, 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 607.0605, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	2. NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	3. CITY, ST, ZIP	CITY, ST, ZIP
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	5. NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	6. CITY, ST, ZIP	CITY, ST, ZIP
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	7. TITLE	NAME
NAME	STREET ADDRESS	8. NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	9. CITY, ST, ZIP	CITY, ST, ZIP
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	10. TITLE	NAME
NAME	STREET ADDRESS	11. NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	12. CITY, ST, ZIP	CITY, ST, ZIP
☐ DELETE		☐ Change ☐ Addition	
TITLE	NAME	13. TITLE	NAME
NAME	STREET ADDRESS	14. NAME	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	15. CITY, ST, ZIP	CITY, ST, ZIP
☐ DELETE		☐ Change ☐ Addition	

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: **Thomas W. Gursky** 2/23/96 407-841-2932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)