2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 29, 2004 8:00 am **Secretary of State DOCUMENT # 537736** 1. Entity Name 03-29-2004 90059 029 ***150.00 INDUSTRIAL PARK DEVELOPMENT CORPORATION Principal Place of Business Mailing Address リスマン -3600 VINELAND ROAD 3600 VINELAND ROAD SUITE 101 SUITE 101 ORLANDO FL 32811 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-1784611 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARKER, EARL M., JR. Street Address (P.O. Box Number is Not Acceptable) 334 E. DUVAL ST. JACKSONVILLE FL 32202 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DVST TITLE ☐ Delete TITLE Change ☐ Addition WEBB, WILLIAM C JR NAME NAME 1300 NW 167TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33169** CITY-ST-7IP TITLE ASD Delete TITLE ☐ Change Addition NAME BARKER, EARL M., JR. NAME STREET ADDRESS 334 E. DUVAL ST. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME WEBB, DANIEL B STREET ADDRESS 3600 VINELAND RD., SUITE 101 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32811 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if

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changed, or on an attachment with an address, with all other like empowered DANIEL B. WEBB, PRES. 02/09/04 (407) 841-1414
SMING OFFICER OR DIRECTOR

Date

Date

Date

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