FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 743382

POP TILTON'S INDUSTRIAL PARK PROPERTY OWNERS ASS OCIATION/ INC. 12 PR

Principal Place of Business 1105 INDUSTRIAL BLVD JENSEN BEACH FL 34957 US

Mailing Address

1105 INDUSTRIAL BLVD JENSEN BEACH FL 34957

FILED Jan 25, 1999 8:00am **Secretary of State**

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2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		3. Date Incorporated or Qualifed			
21				06/27/1978				
	Suite, Apt. #, etc. Suite, Apt. #		ı. #, etc.		4. FEI Number	Ap	plied For	
22	27				59-2347886	- No	t Applicable	
City & State City & State				•	5. Certificate of Status Desired	\$8.75	Additional	
23					5. Certificate of Status Desireo	Fee Re	quired	
			Country	Country 6. Election Campaign Financing \$5.00 May Be			May Be	
24	25 29 30			Trust Fund Contribution Added to Fees		o Fees		
 L	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent				
			81	81 Name				
TILTON, C.N. 1988				82 Street Address (P.O. Box Number is Not Acceptable)				
2126 N.E. RIVER COURT								
P.O. BOX 526								
JENSEN BEACH FL 33495			-	O.15		85 Zip 0		
TENDENT DENOMINATION OF A SECURITION OF A SECU			84	City		FL S ZP \	2006	
		1 047 4500 Et 11 Otal des	Ab	-named corpo	oration submits this statement for the p	urpose of changing its	registered	
Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement to the purpose of changing is 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.								
agent, ram ramiliar with, and accept, the only accept the onl								
SIGNATURE	Signature, typed or printed name of registered agent			it signature required	when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	MCGAVOCK, JOSEPH J		1.2 NAME					
STREET ADDRESS	1663 N W SPRUCE RIDGE		1.3 STREET	ADDRESS	•			
CITY-ST-ZIP	STUART FL 34994		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition	
NAME	JESSEC, TERRY	ŧ	2.2 NAME					
STREET ADDRESS	945 N-E INDUSTRIAL BLVD		2.3 STREET	TADDRESS		•		
CITY-ST-ZIP	JENSEN BEACH FL 34957	•	2. 4 CITY-S	IT-ZIP	, K &			
TITLE	SD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME	POLHEMUS, JOHN W.	ن.	3.2 NAME				.	
STREET ADDRESS	340 NW ALICE AVE.		3.3 STREET	ADDRESS				
CITY-ST-ZIP	STUART FL		3.4. CITY-S					
TITLE, TOPE	VPD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	MCGREGAN, JAMES H.		4.2 NAME	.	·	-		
STREET ADDRESS	940 NE INDUSTRIAL BLVD	:		ADDRESS	· .	•		
7.1	JENSEN BEACH FL		4.4 CITY-S					
CITY-ST-ZIP	JENSEN BEAUTIFL	☐ DELETE	5.1 TITLE	1-217		Change	Addition	
	•		5.2 NAME			•	.—	
NAME				T ADDRESS				
STREET ADDRESS			5.4 CITY-S		•			
CITY-\$T-ZIP		☐ DELETE	6.1 TITLE			☐ Change	Addition	
TITLE			6.2 NAME					
NAME		•		ADDRESS				
'STREET ADDRESS		•					Į	
CITY-ST-ZIP	,		6.4 CITY-S	1-419				

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 of the receiver at trusted 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 attactment with an address, with all other like empowered.

SIGNATURE

Joseph J. McGayock