

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 756401 (6)

1. Corporation Name

**I-75 BAYSHORE ROAD INDUSTRIAL PARK OWNERS' ASSOC
IATION, INC.**

Principal Place of Business

Mailing Address

**6601 BAYSHORE RD.
NORTH FT MYERS FL 33917**

**6601 BAYSHORE RD.
NORTH FT MYERS FL 33917**



3. Date Incorporated or Qualified
02/17/1981

3a. Date of Last Report
05/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-6016926

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRITCHETT, RICHARD H., III
6601 BAYSHORE RD.
NORTH FT MYERS FL 33917**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, CHARLES	NO LONGER OWNS PROPERTY IN PK.
STREET ADDRESS	19512 LOST CREEK DR.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LONG, NANCY C.	DECEASED
STREET ADDRESS	RT. 2 BOX 154 WAYZATA CT	
CITY-ST-ZIP	N FT. MYERS, FL 0	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PRITCHETT, RICHARD H.III	
STREET ADDRESS	6601 BAYSHORE RD.	
CITY-ST-ZIP	N FT MYERS, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN COLE	
1.3 STREET ADDRESS	7990 MERCHANTILE ST.	
1.4 CITY-ST-ZIP	NORTH FT. MYERS, FLORIDA 33917	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RALPH FOSTER	
2.3 STREET ADDRESS	17460 E. ST. NE	
2.4 CITY-ST-ZIP	NORTH FT. MYERS, FLORIDA 33917	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard H. Pritchett, III
RICHARD H. PRITCHETT, III

3/4/96

Date

941-543-3434

Daytime Phone #

CR2E037 (12/95)