

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

95 MAY -1 PH 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800001473018  
-05/03/95--01061--002  
DO NOT WRITE IN THESE SPACES \$130.00

**DOCUMENT # 762578 (3)**  
1. Corporation Name

**PALM COAST INDUSTRIAL PARK ASSOCIATION, INC.**

Principal Place of Business <b>% ITT COMMUNITY DEVELOPMENT CORP. EXECUTIVE OFFICES PALM COAST FL 32151</b>	Mailing Address <b>% ITT COMMUNITY DEVELOPMENT CORP. EXECUTIVE OFFICES PALM COAST FL 32151</b>
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3. Date Incorporated or Qualified <b>03/24/1982</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2894333</b>	Applied For Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b>	Zip <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GARDNER, JAMES E.  
ONE CORPORATE DRIVE  
PALM COAST FL 32151**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the filer (applicant) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>GARDNER, JAMES</b>
STREET ADDRESS	<b>EXECUTIVE OFFICES</b>
CITY - ST - ZIP	<b>PALM COAST FL</b>
TITLE	<b>STD</b>
NAME	<b>MARTIN, LAWRENCE G</b>
STREET ADDRESS	<b>1 CORPORATE DR</b>
CITY - ST - ZIP	<b>PALM COAST FL</b>
TITLE	<b>VD</b>
NAME	<b>LUSBY, DAVID</b>
STREET ADDRESS	<b>EXECUTIVE OFFICES</b>
CITY - ST - ZIP	<b>PALM COAST FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

*DA 511*

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 110.07(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: *David Lusby* **DAVID LUSBY** 26-95 (904) 445-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title (Include Florida #)