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May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764943 (7)

1. Corporation Name

EXECUTIVE PARK TOWNOFFICE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1 11TH AVE.
SHALIMAR CENTER JE-2
SHALIMAR FL 32579
US1 11TH AVE.
SHALIMAR CENTRE E-2
SHALIMAR FL 32579-1324
US3. Date Incorporated or Qualified
09/09/19823a. Date of Last Report
04/22/19964. FEI Number
59-2373605Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

WHITE, RICHARD J.
91 COUNTRY CLUB RD.
SHALIMAR FL 32579

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE
NAME WHITWORTH, LEO A.
STREET ADDRESS 105 AUBURN AVE.
CITY-ST-ZIP FT. WALTON BCH. FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KISER, JAMES
STREET ADDRESS 533 ELGIN PKWY. NE.
CITY-ST-ZIP FT. WALTON BCH FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE ST ☐ DELETE
NAME WHITE, RICHARD J.
STREET ADDRESS 91 COUNTRY CLUB RD.
CITY-ST-ZIP SHALIMAR FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME PURYEAR, GEORGE E.
STREET ADDRESS 228 AMBERJACK DR.
CITY-ST-ZIP FT. WALTON BCH. FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME DONAL R. MYRICK
4.3 STREET ADDRESS 511 CIRCLE DRIVE
4.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32548TITLE P ☐ DELETE
NAME LARSON, LOWELL C.
STREET ADDRESS 817 PINEDALE RD.
CITY-ST-ZIP FT. WALTON BCH. FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME BROWN SR., ROBERT L.
STREET ADDRESS 11 RACETRACK RD NE #F
CITY-ST-ZIP FT. WALTON BCH. FL6.1 TITLE ☒ Change ☐ Addition
6.2 NAME DR. FRANK C. MYERS
6.3 STREET ADDRESS 18 TANGLEWOOD CIRCLE
6.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32547

14. I do 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 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 the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LARSON JR., 4-11-97 904-863-3242

CR2E037 (9/96)