


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA 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 1 11TH AVE. SHALIMAR CENTER JE-2 SHALIMAR FL 32579 US		Mailing Address 1 11TH AVE. SHALIMAR CENTRE E-2 SHALIMAR FL 32579 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent WHITE, RICHARD J. 91 COUNTRY CLUB RD. SHALIMAR FL 32579		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITWORTH, LEO A.		1.2 NAME	
STREET ADDRESS 105 AUBURN AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BCH. FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KISER, JAMES		2.2 NAME	
STREET ADDRESS 633 ELGIN PKWY. NE.		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BCH FL		2.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WHITE, RICHARD J.		3.2 NAME	
STREET ADDRESS 91 COUNTRY CLUB RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP SHALIMAR FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYRICK, DONAL R		4.2 NAME	
STREET ADDRESS 511 CIR DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP FT WALTON BCH FL		4.4 CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LARSON, LOWELL C.		5.2 NAME	
STREET ADDRESS 817 PINEDALE RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. WALTON BCH. FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MYERS, FRANK C. DR		6.2 NAME	
STREET ADDRESS 18 TANGLEWOOD CIR		6.3 STREET ADDRESS	
CITY-ST-ZIP FT WALTON BCH FL		6.4 CITY-ST-ZIP	
14. 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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/30/98 (850) 651-4554 Date Daytime Phone	

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