

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F97273 (9)

1. Corporation Name

CLUB PARK AVE., INC.



Principal Place of Business

Mailing Address

**115 EAST PARK AVENUE
TALLAHASSEE FL 32301**

**115 EAST PARK AVENUE
TALLAHASSEE FL 32301**

2. Principal Place of Business

2a Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVINE, MARK
245 E VIRGINIA ST
TALLAHASSEE FL 32301**

81 Name **BIELBY, LORENCE JON**
82 Street Address (P.O. Box Number is Not Acceptable)
101 E. COLLEGE AVENUE
83
84 City **TALLAHASSEE** FL 85 Zip Code **32301**

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

[Signature]

LORENCE JON BIELBY, ESQUIRE

08-06-96

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 **P**
NAME **HERRING, HENRY**
STREET ADDRESS **115 EAST PARK AVENUE**
CITY - ST - ZIP **TALLAHASSEE FL 32301**

11 TITLE **P/S**
12 NAME **KOELEMIJ, KEVIN JOHN**
13 STREET ADDRESS **1220 S. GADSDEN STREET**
14 CITY - ST - ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE **VP**
22 NAME **WATTS, MARCIA W.**
23 STREET ADDRESS **115 EAST PARK AVENUE**
24 CITY - ST - ZIP **TALLAHASSEE, FL 32301**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-96

904-942-0075

Date

Daytime Phone

CR2E034 (3/96)