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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G51761** **(6)**

1. Corporation Name
REGENCY COMMERCIAL/INDUSTRIAL PARK, INC.

Principal Place of Business
% WILLIAM E. BROWN
1858 BRUSH HILL ROAD
JACKSONVILLE FL 32211

Mailing Address
% WILLIAM E. BROWN
1858 BRUSH HILL ROAD
JACKSONVILLE FL 32211-4924

3. Date Incorporated or Qualified: **07/28/1983**
3a. Date of Last Report: **04/10/1996**

2. Principal Place of Business
21 % William E. Brown
Suite, Apt. #, etc.
22 7016 Cypress Bridge Dr. N.
City & State
23 Ponte Vedra Bch, Fla.
Zip 24 32082 Country 25 St. Johns

2a. Mailing Address
26 % William E. Brown
Suite, Apt. #, etc.
27 7016 Cypress Bridge Dr. N.
City & State
28 Ponte Vedra Bch. Fla.
Zip 29 32082 Country 30 St. Johns

4. FEI Number: **59-2336525** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent
BROWN, WILLIAM E.
1858 BRUSH HILL ROAD
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent
81 Name: William E. Brown
82 Street Address (P.O. Box Number is Not Acceptable): 7016 Cypress Bridge Drive No.
83
84 City: Ponte Vedra Beach FL 85 Zip Code: 32082

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROWN, WILLIAM E 1858 BRUSH HILL RD JACKSONVILLE, FL 00000	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Brown, William E. 7016 Cypress Bridge Dr. No. Ponte Vedra Beach, Fla. 32082	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGRAM, WILLIAM A. 3128 TOWNSEND BLVD. JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William E. Brown 1/9/97 904 268-2030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
William E. Brown