

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J07781 (4)

1. Corporation Name

AVIATION BOULEVARD COMMERCIAL PARK, INC.



Principal Place of Business

% WILLIAM W. CALDWELL
744 BEACHLAND BLVD.
VERO BEACH FL 32963

Mailing Address

% WILLIAM W. CALDWELL
744 BEACHLAND BLVD.
VERO BEACH FL 32963

2. Principal Place of Business

21 c/o William W. Caldwell

Suite, Apt. #, etc.

22 756 Beachland Blvd.

City & State

23 Vero Beach, FL

Zip

24 32963

Country

25 US

2a. Mailing Address

26 c/o William W. Caldwell

Suite, Apt. #, etc.

27 P.O. Box 3686

City & State

28 Vero Beach, FL

Zip

29 32964

Country

30 US

3. Date Incorporated or Qualified

04/04/1986

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2708174

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W.
756 BEACHLAND BLVD
VERO BEACH FL 32963

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 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, typed or printed name of registered agent, and the applicable

NOTE: Registered Agent signature required when reestablishing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VPS
STREET ADDRESS SORENSEN, J. DALE
CITY-ST-ZIP 634 BEACHLAND BLVD.
VERO BEACH FL

TITLE ☐ DELETE

NAME AS
STREET ADDRESS CALDWELL, WILLIAM W.
CITY-ST-ZIP 744 BEACHLAND BLVD.
VERO BEACH FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS BRADSHAW, CHARLES J.
CITY-ST-ZIP 2855 OCEAN DRIVE
VERO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

J. DALE SORENSEN

4/1/96

407-271-6144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)