

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 21 1997 8:00am
Secretary of State

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| PROFIT • CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **K09525** (2)
1. Corporation Name
SAVANNAH INDUSTRIAL PARK, INC.



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| Principal Place of Business 1400 NE SAVANNAH RD JENSEN BCH FL 34957 | Mailing Address 1400 NE SAVANNAH RD JENSEN BCH FL 34957-5302 |
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|---|--|--|--|--|--|
| 2. Principal Place of Business 31 S.E. HARBOR POINT DRIVE | | 2a. Mailing Address 31 S.E. HARBOR POINT DR. | | 3. Date Incorporated or Qualified 12/29/1987 | 3a. Date of Last Report 02/23/1996 |
| 22. Suite, Apt. #, etc. X X | | 27. Suite, Apt. #, etc. X X X | | 4. FEI Number 65-0021434 | Applied For <input type="checkbox"/> Not Applicable |
| 23. City & State STUART, FLORIDA | | 28. City & State STUART, FLORIDA | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24. Zip 34996 | | 25. Country MARTIN | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 29. Zip 34996 | | 30. Country MARTIN | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|
| 9. Name and Address of Current Registered Agent THOMAS, WILLIAM A. 31 S.E. HARBOR POINT DR. STUART FL 34996 | | 10. Name and Address of New Registered Agent | |
| 81. Name | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | | 84. City | |
| | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PTD THOMAS, WILLIAM A. 31 S.E. HARBOR POINT DR. STUART FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, WILLIAM A. | 1.2 NAME | |
| STREET ADDRESS | 31 S.E. HARBOR POINT DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD WILSON, DONALD L. 2332 N.W. BRITT TERRACE STUART FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, DONALD L. | 2.2 NAME | |
| STREET ADDRESS | 2332 N.W. BRITT TERRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD THOMAS, HELEN S. 31 S.E. HARBOR POINT DR. STUART FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THOMAS, HELEN S. | 3.2 NAME | |
| STREET ADDRESS | 31 S.E. HARBOR POINT DR. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | STUART FL | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 A. THOMAS** 5/14/97
SIGNATURE REQUIRED **William A. Thomas** 561-287-8329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)