

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR -7 AM 5:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L98904 (0)**

1. Corporation Name

**MORCHESKY INDUSTRIAL PARK, INC.**

Principal Place of Business

**POST OFFICE BOX 1521  
SEBASTIAN FL 32978-1521**

Mailing Address

**POST OFFICE BOX 1521  
SEBASTIAN FL 32978-1521**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/28/1990**

3a. Date of Last Report

**03/28/1994**

4. FEI Number

**59-3061727**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**VANDEVOORDE, RENE' G.  
1327 N. CENTRAL AVE.  
SEBASTIAN FL 32978-1521**

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 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 title if applicable)

(DATE: Registered Agent signature required when necessary)

(DATE)

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS | CITY ST ZIP  |
|-------|------------------|----------------|--------------|
| DPS   | MORCHESKY, JANEE | P. O. BOX 1521 | SEBASTIAN FL |
| T     | MORCHESKY, JANEE | P. O. BOX 1521 | SEBASTIAN FL |
|       |                  |                |              |
|       |                  |                |              |
|       |                  |                |              |
|       |                  |                |              |
|       |                  |                |              |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME            | 3. STREET ADDRESS     | 4. CITY ST ZIP      | Change                   | Addition                 |
|----------|--------------------|-----------------------|---------------------|--------------------------|--------------------------|
| Pres     | MORCHESKY, JANEE   | 6032 Island Harbor Rd | SEBASTIAN, FL 32958 | <input type="checkbox"/> | <input type="checkbox"/> |
| Pres     | T. JANEE MORCHESKY | 6032 Island Harbor Rd | SEBASTIAN, FL 32958 | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                    |                       |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                    |                       |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                    |                       |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                    |                       |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|          |                    |                       |                     | <input type="checkbox"/> | <input type="checkbox"/> |

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 110.07(3)(b), 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Janee Morchesky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95 (407) 584-2246