

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N09857 (6)**

1. Corporation Name

**THE NORTHEAST FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS, INC.**



Principal Place of Business

Mailing Address

% KEVIN BEASLEY  
50 N. LAURA ST., STE. 2700  
JACKSONVILLE FL 32202

% KEVIN BEASLEY  
50 N. LAURA ST., STE. 2700  
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified  
**06/19/1985**

3a. Date of Last Report  
**01/23/1995**

2. Principal Place of Business  
21 % **B. JEANETTE DIXON**

2a. Mailing Address  
26 % **B. JEANETTE DIXON**

4. FEI Number  
**59-2551921**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

City & State

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

23 Zip Country

28 Zip Country

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

24 BEASLEY, KEVIN  
50 N. LAURA ST.  
SUITE 2700  
JACKSONVILLE FL 32202

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name **B. JEANETTE DIXON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**50 N. LAURA STREET**  
83 **SUITE 2700**  
84 City **JACKSONVILLE** FL 85 Zip Code **32202**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*B. Jeanette Dixon*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**30 May 1996**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
**DYER, JACK**  
STREET ADDRESS **1650 PRUDENTIAL DR, STE 303**  
CITY - ST - ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **VD**  
**CITRANO, JAMES P.C.**  
STREET ADDRESS **1301 RIVERDALE BLVD.**  
CITY - ST - ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **PD**  
**LINING, JOHN**  
STREET ADDRESS **7785 BAYMEADOWS WAY**  
CITY - ST - ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **TD**  
**BEASLEY, KEVIN**  
STREET ADDRESS **50 N. LAURA ST., SUITE 2700**  
CITY - ST - ZIP **JACKSONVILLE FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **B. JEANETTE DIXON**  
4.3 STREET ADDRESS **50 N. LAURA ST., SUITE 2700**  
4.4 CITY - ST - ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ DELETE  
NAME **D**  
**COLEY, W. ALEY**  
STREET ADDRESS **7800 BELFORT PARKWAY, SUITE 110**  
CITY - ST - ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME **SD**  
**CASTORINA, JOHN**  
STREET ADDRESS **1200 RIVERPLACE BLVD #315**  
CITY - ST - ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ Addition  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*B. Jeanette Dixon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**30 May 1996**  
Date

**(404) 632-4212**  
Daytime Phone #

CR2E037 (12/95)