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Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

C/O B. JEANETTE DIXON
50 N. LAURA ST., STE. 2700
JACKSONVILLE FL 32202
US

C/O B JEANETTE DIXON
50 N. LAURA ST., STE. 2700
JACKSONVILLE FL 32202
US



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

06/19/1985

4. FEI Number

59-2551921

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

B. JEANETTE DIXON
50 N. LAURA ST.
SUITE 2700
JACKSONVILLE FL 32202

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PD
NAME	DYER, JACK	1.2 NAME	CASTORINA, JOHN
STREET ADDRESS	1650 PRUDENTIAL DR, STE 303	1.3 STREET ADDRESS	4190 BELFORT ROAD, SUITE 430
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	VD	2.1 TITLE	D
NAME	CITRANO, JAMES P.C.	2.2 NAME	
STREET ADDRESS	1301 RIVERDALE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	SD
NAME	LINING, JOHN	3.2 NAME	EVANS, WILLIAM G.
STREET ADDRESS	7785 BAYMEADOWS WAY	3.3 STREET ADDRESS	1 INDEPENDENT DRIVE, SUITE 300
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	TD	4.1 TITLE	
NAME	DIXON, B. JEANETTE	4.2 NAME	
STREET ADDRESS	50 N. LAURA ST., SUITE 2700	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	COLEY, W. ALEY	5.2 NAME	
STREET ADDRESS	7800 BELFORT PARKWAY, SUITE 110	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	CASTORINA, JOHN	6.2 NAME	
STREET ADDRESS	1200 RIVERPLACE BLVD #315	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I 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 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* B. JEANETTE DIXON, Treasurer (904)

CR2E037 (10/97)