

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N09857**

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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

**FILED**  
**Aug 10, 1999 8:00 am**  
**Secretary of State**

08-10-1999 90011 045 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

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

9. Name and Address of Current Registered Agent

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

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 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

TITLE PD ☐ DELETE  
NAME CASTORINA, JOHN  
STREET ADDRESS 4190 BELFORT RD, #430  
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE SD ☒ DELETE  
NAME EVANS, WILLIAM G.  
STREET ADDRESS 1 INDEPENDENT DR, #300  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE TD ☐ DELETE  
NAME DIXON, B. JEANETTE  
STREET ADDRESS 50 N. LAURA ST., SUITE 2700  
CITY-ST-ZIP JACKSONVILLE FL

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

1.1 TITLE V ☐ Change ☒ Addition  
1.2 NAME JIM GEBESTA  
1.3 STREET ADDRESS PHOENIX REALTY GROUP  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

2.1 TITLE B ☐ Change ☒ Addition  
2.2 NAME BARBARA BLAKE  
2.3 STREET ADDRESS 3003 MADRID AVE EAST  
2.4 CITY-ST-ZIP JACKSONVILLE FL 32247

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

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

8/6/99

Date

(904) 632-4212

Daytime Phone #

CR2E037 (5/99)