

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90022 034 ****61.25

DOCUMENT # N14554

1. Entity Name

MID-METRO INDUSTRIAL PARK OWNERS
ASSOCIATION, INC.



Principal Place of Business

6241 ARC WAY
% DENI ASSOCIATES
FORT MYERS, FL 33912-1352 US

Mailing Address

6241 ARC WAY
% DENI ASSOCIATES
FORT MYERS, FL 33912-1352 US



01282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2810567

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WINESETT, ROBERT A
2248 FIRST STREET
FORT MYERS, FL 33901

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
TURBEVILLE, LARRY R
6261 ARC WAY
FT. MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MYERS, LYNN B.
6260 ARC WAY
FT. MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HOMOLA, BEN R.
6241 ARC WAY
FT. MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN R. HOMOLA

3/15/2004

Date

239-275-8875

Daytime Phone #