

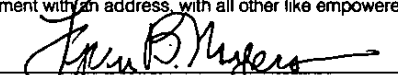


**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90014 028 \*\*\*\*61.25

<b>DOCUMENT # N14554</b>				<b>May 17, 2005 8:00 am</b> <b>Secretary of State</b> 05-17-2005 90014 028 ****61.25	
1. Entity Name <b>MID-METRO INDUSTRIAL PARK OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6241 ARC WAY</b> <del>% DENI ASSOCIATES</del> <b>FORT MYERS, FL 33912-1352 US</b>		Mailing Address <b>6241 ARC WAY</b> <del>% DENI ASSOCIATES</del> <b>FORT MYERS, FL 33912-1352 US</b>			
2. Principal Place of Business		3. Mailing Address <b>6241 ARC WAY</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Chg-NP CR2E037 (10/03)	
City & State		City & State <b>FORT MYERS FL</b>		4. FEI Number <b>59-2810567</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State <b>FORT MYERS FL</b>		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33912-1352</b>		Country <b>US</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WINESETT, ROBERT A</b> <b>2248 FIRST STREET</b> <b>FORT MYERS, FL 33901</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VD TURBEVILLE, LARRY R 6261 ARC WAY FT. MYERS, FL <input type="checkbox"/> Delete				VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
PD MYERS, LYNN B. 6260 ARC WAY FT. MYERS, FL <input type="checkbox"/> Delete				PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STD HOMOLA, BEN R. 6241 ARC WAY FT. MYERS, FL <input checked="" type="checkbox"/> Delete					
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:  <b>LYNN B. MYERS</b> <b>4/26/2005</b> <b>239-936-8055</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					