FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N17363

(5)

EASTERN INDUSTRIAL PARK PROPERTY OWNERS ASSOCIAT ION, INC.

Principal Place of Business Mailing Address C/O RICHARDSON KLEIBER WALTER INC -C/O RICHARDSON DLEIBER WALTER INC 605 6 ORANGE AVE CUITE 16-1005 G ORANGE AVE CUITE 16 CARACOTA FL 34236 7549 **SARASOTA FL 04236 754**9 3a. Date of Last Repo 03/29/1996 3. Date Incorporated or Qualified 10/16/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2753946 CO BILL KLEIBER Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes
No Country Ζφ 24 29 30 Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name KLEIBER, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) -835 S ORANGE AVE SUITE 18 /73 Y APEX ROAD 83 SARASOTA FL 84238 -- ? YX YO 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. Lam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change ____ Addition TITLE DVP 1.1 TITLE NAME MCINTYRE, JOHN 1.2 NAME 1626 BARBER ROAD 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITLE STD JOHANNING, TOM NAME 2.2 NAME 1735 APEX RD 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 2. 4 CITY - ST - ZIP CHIY-ST-ZIP ☐ DELETE Change ___ Addition 3.1 TITLE TITLE JOYCE, RONALD NAME 3.2 NAME 1579 BARBER ROAD STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL 34240 3.4. CITY - ST - ZIP CITY - ST - ZIF DELETE Change Addition 4.1 TITLE TITLE CAMPBELL, TOM NAME 4. 2 NAME 1542 APEX RD 4.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE PD 51 TITLE NAME SCHLABACH, LARRY 5.2 NAME 1600 BARBER RD 5.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34240 54 CITY-ST-ZIP CITY-ST-ZIF Change Addition DELETE 6.1 TITLE TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

CITY - ST - ZIF

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. 2-24-97 941-378-3328
Date Dayline Phone • 0061309

FILED

Mar 05 1997 8:00am

Secretary of State