

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18180 (2)

1. Corporation Name

FLYING Z ACRES ASSOCIATION, INC.



Principal Place of Business

8040 E. ROOKS RD.
FLORAL CITY FL 34436
US

Mailing Address

8040 E. ROOKS RD.
FLORAL CITY FL 34436
US

3. Date Incorporated or Qualified

12/10/1986

3a. Date of Last Report

05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **8040 E. FLYING Z LN.** 26 **8040 E. FLYING Z LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **FLORAL CITY FL**

28 **FLORAL CITY FL**

Zip

Country

Zip

Country

24 **34436**

25 **US**

29 **34436**

30 **US**

4. FEI Number

59-2770356

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ZABLOCKI, CAROLYN P.
8040 E. ROOKS RD.
FLORAL CITY FL 34436**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8040 E. FLYING Z LANE

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 ☐ DELETE
NAME **PTD**
STREET ADDRESS **ZABLOCKI, CAROLYN P.**
CITY-ST-ZIP **8040 E. ROOKS RD.**
FLORAL CITY FL

11 TITLE ☒ Change ☐ Addition
12 NAME **8040 E. FLYING Z LN.**
13 STREET ADDRESS
14 CITY-ST-ZIP **34436**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **ZABLOCKI, KENNETH M.**
CITY-ST-ZIP **8040 E. ROOKS RD.**
FLORAL CITY FL

21 TITLE ☒ Change ☐ Addition
22 NAME **8040 E. FLYING Z LN.**
23 STREET ADDRESS
24 CITY-ST-ZIP **34436**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ZABLOCKI, GORDON**
CITY-ST-ZIP **12521 OAKVIEW**
FLORAL CITY FL

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **12521 So. Oakview**
34 CITY-ST-ZIP **34436**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Carolyn P. Zablocki
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96
Date

352-344-8113
Daytime Phone #

CR2E037 (12/95)