SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:34

DOCUMENT # N21615 (2)

1. Corporation Name
EXECUTIVE AIRPORT CORPORATE CENTER, INC.

Principal Place of Business	Mailing Address
% HOLLAND BUILDERS, INC. 4860 N.E. 12TH AVE. FT. LAUDERDALE FL 33334	% HOLLAND BUILDERS, INC. 4860 N.E. 12TH AVE. FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1987
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0034657 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has paid, for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

HOLLAND BUILDERS, INC.
4860 N.E. 12TH AVE.
FT. LAUDERDALE FL 33334

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	☐ Change ☐ Addition
NAME	PRESTON, DIANA	12 NAME	
STREET ADDRESS	4860 N.E. 12TH AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BOYD, POLLY	22 NAME	
STREET ADDRESS	4860 N.E. 12TH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	SCHMATZ, JOHN	32 NAME	
STREET ADDRESS	4860 N.E. 12TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, GERALD M	42 NAME	
STREET ADDRESS	4860 NE 12TH AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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.

SIGNATURE: Polly Boyd President 6/13/95 305-771-2210
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Polly Boyd

0010482

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $205)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE

DOCUMENT # **N21661** **(6)**

1. Corporation Name

NORTHEAST FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION INC.

Principal Place of Business	Mailing Address
~~C/O JAMES C. BUTLER~~ ~~428 W 69TH STREET~~ JACKSONVILLE FL 32208	~~C/O JAMES C. BUTLER~~ ~~428 W 69TH STREET~~ JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1987
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2835016 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21: 11982 NEW KINGS RD	26: 11982 NEW KINGS ROAD
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: JAX, FL	City & State 28: JAX, FL
Zip 24: 32219 Country 25: DUVAL	Zip 29: 32219 Country 30: DUVAL

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, JAMES C.
428 W 69TH STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: LAWRENCE KURZ
82 Street Address (P.O. Box Number is Not Acceptable): 11982 NEW KINGS ROAD
83:
84 City: JAX FL 85 Zip Code: 32219

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: L.A. KURZ 6-15-95
(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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	TILLMAN, STEVE	12 NAME	BUNDY, LISA	
STREET ADDRESS	3207 N. MAIN STREET	13 STREET ADDRESS	9909 BEACH BLVD.	
CITY · ST · ZIP	JACKSONVILLE FL	14 CITY · ST · ZIP	JAX, FL	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BUNDY, LISA	22 NAME	MARK ALLEN	
STREET ADDRESS	9909 BEACH BLVD.	23 STREET ADDRESS	7208 ATLANTIC BLVD	
CITY · ST · ZIP	JACKSONVILLE FL	24 CITY · ST · ZIP	JAX, FL.	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	KURZ, LAWRENCE	32 NAME		
STREET ADDRESS	11982 NEW KINGS ROAD	33 STREET ADDRESS		
CITY · ST · ZIP	JACKSONVILLE FL	34 CITY · ST · ZIP		
TITLE	~~STD~~	41 TITLE		☐ Change ☐ Addition
NAME	~~BUTLER, PAMELA~~ OMIT	42 NAME		
STREET ADDRESS	~~428 WEST 69TH STREET~~	43 STREET ADDRESS		
CITY · ST · ZIP	~~JACKSONVILLE FL~~	44 CITY · ST · ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY · ST · ZIP		54 CITY · ST · ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY · ST · ZIP		64 CITY · ST · ZIP		

CR2E037 (3/95)

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 the 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: L. A. KURZ 6-15-95 904-764-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001907