

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N27749** (3)

1. Corporation Name

**INTERSTATE INDUSTRIAL DEVELOPMENT ASSOCIATION, I  
NC.**



Principal Place of Business

Mailing Address

C/O CHARLES R. USINA  
2595 COUNTRY ROAD 208, P O BOX 162  
ST. AUGUSTINE FL 32092-0585  
US

C/O CHARLES R. USINA  
2595 COUNTRY ROAD 208, P O BOX 162  
ST. AUGUSTINE FL 32092-0162  
US

3. Date Incorporated or Qualified

**06/03/1988**

3a. Date of Last Report

**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**USINA, CHARLES R.  
2595 COUNTY RD. 208  
(P.O. BOX 162, ST. AUGUSTINE, FL 32085)  
ST. AUGUSTINE FL 32092**

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

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

☐ Change ☐ Addition

NAME **PD  
USINA, CHARLES R.**  
STREET ADDRESS **2595 C.R. 208(POB 162N/A**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME **VD  
JAECKEL, WILLIAM G.**  
STREET ADDRESS **3540 AGRICULTURE CNTR**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

21 TITLE **VD**  
22 NAME **Robert C. Atkins**  
23 STREET ADDRESS **3555 Agriculture Center Drive**  
24 CITY-ST-ZIP **St. Augustine FL 32092**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME **SD  
LOWERY, THOMAS H.**  
STREET ADDRESS **1 PRECISION DR**  
CITY-ST-ZIP **ST. AUGUSTINE FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

☒ Change ☐ Addition

NAME **TD  
NEVILLE, TIMOTHY D.**  
STREET ADDRESS **10127 BISHOP LAKE RD W**  
CITY-ST-ZIP **JACKSONVILLE FL**

41 TITLE **TD**  
42 NAME **John E. Berlin**  
43 STREET ADDRESS **172 Crosscove Circle**  
44 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
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: Charles R. Usina Charles R. Usina 2-12-96 904/824-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)