

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27749** (3)  
1. Corporation Name  
**INTERSTATE INDUSTRIAL DEVELOPMENT ASSOCIATION, I  
NC.**



Principal Place of Business <b>C/O CHARLES R. USINA 2595 COUNTRY ROAD 208, P O BOX 162 ST. AUGUSTINE FL 32092-0585 US</b>	Mailing Address <b>C/O CHARLES R. USINA 2595 COUNTRY ROAD 208, P O BOX 162 ST. AUGUSTINE FL 32092-0162 US</b>
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3. Date Incorporated or Qualified <b>08/03/1988</b>	3a. Date of Last Report <b>02/15/1996</b>
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2. Principal Place of Business 21 <b>2595 County Rd 208</b> Suite, Apt. #, etc. 22 <b>St Augustine, FL</b> City & State 23 <b>32092-0585</b> Zip Country	2a. Mailing Address 26 <b>2595 County Rd 208</b> Suite, Apt. #, etc. 27 <b>St Augustine FL</b> City & State 28 <b>32092-0585</b> Zip Country
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4. FEI Number <b>59-2759943</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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 <b>USINA, CHARLES R.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>2595 County Rd 208</b>
83
84 City <b>ST Augustine</b>
85 Zip Code <b>FL 32092-0585</b>

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD USINA, CHARLES R. 2595 C.R. 208 (P.O. BOX 162) ST. AUGUSTINE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD ATKINS, ROBERT C. 3555 AGRICULTURE CENTER DR ST. AUGUSTINE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD LOWERY, THOMAS H. 1 PRECISION DR ST. AUGUSTINE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD BERLIN, JOHN E. 172 CROSSCOVE CIR PONTE VEDRA BCH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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** 1-22-97 940844-2340

CR2E037 (9/96)