FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

N27749

(3)

INTERSTATE INDUSTRIAL DEVELOPMENT ASSOCIATION, I NC.

Principal Place of Business Mailing Address 2595 COUNTY ROAD 208 2595 COUNTY ROAD 208 3. Date Incorporated or Qualified ST AUGUSTINE FL 32092-0585 ST AUGUSTINE FL 32092-0585 08/03/1988 4. FEI Number Applied For 59-2759943 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? □ No Yes Yes 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name USINA, CHARLES R 82 Street Address (P.O. Box Number is Not Acceptable) 2595 COUNTY ROAD 208 ST AUGUSTINE FL 32092 83 84 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 (NOTE: Registered Agent signature requ 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change ___ Addition USINA, CHARLES R NAME 1.2 NAME 2595 CR 208 STREET ADDRESS. 1.3 STREET ADDRESS ST. AUGUSTINE FL CiTY-ST-ZiP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE NAME atkins, robert c. **2.2 NAME** STREET ADDRESS 3555 AGRICULTURE CENTER DR 2.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE SD DELETE Change ___ Addition 3.1 TITLE NAME LOWERY, THOMAS H. 3.2 NAME 1 PRECISION DR STREET ADDRESS 3.3 STREET ADDRESS ST. AUGUSTINE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE Change Addition BERLIN, JOHN E. NAME 4, 2 NAME 172 CROSSCOVE CIR STREET ADDRESS 4.3 STREET ADDRESS PONTE VEDRA BCH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change TITLE DFLETE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I 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.

R. Isin A 1-14-92 904/824-2340

FILED

Feb 02 1998 8:00am

Secretary of State