

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90004 019 *****66.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27749

1. Corporation Name

INTERSTATE INDUSTRIAL DEVELOPMENT ASSOCIATION, I
NC.

Principal Place of Business

2595 COUNTY ROAD 208
ST AUGUSTINE FL 32092-0585
US

Mailing Address

2595 COUNTY ROAD 208
ST AUGUSTINE FL 32092-0585
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

08/03/1988

4. FEI Number

59-2759943

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

9. Name and Address of Current Registered Agent

USINA, CHARLES R
2595 COUNTY ROAD 208
ST AUGUSTINE FL 32092

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME USINA, CHARLES R
STREET ADDRESS 2595 CR 208
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE VD
NAME ATKINS, ROBERT C.
STREET ADDRESS 3555 AGRICULTURE CENTER DR
CITY-ST-ZIP ST. AUGUSTINE FL

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

TITLE TD
NAME BERLIN, JOHN E.
STREET ADDRESS 172 CROSSCOVE CIR
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: Charles R. Usina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-15-99 404/824-1340

CR2E037 (11/98)