FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90104 022 ****61.25

DOCUMENT # **N31754**

1. Corporation Name

CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIAT ION OF INDUSTRIAL AND OFFICE PARKS, INC.

399561 - 90104 - 22

Principal Place of Business	Mailing Address
222 S WESTMONTE DR STE 101 ALTAMONTE SPGS FL 32714 US	POB 150127 ALTAMONTE SPGS FL 32715 US

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

3. Date Incorporated or Qualifed: 04/14/1989

4. FEI Number: 59-3028469 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

CHEATHAM, G
222 S WESTMONTE DR
STE 101
ALTAMONTE SPGS FL 32271

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	E	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHEATHAM, G		1.2 NAME		
STREET ADDRESS	222 S WESTMONTE DR, STE 101		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, BRAD		2.2 NAME		
STREET ADDRESS	390 N. ORANGE AVE. #700 RE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32802		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	P	☐ Change ☒ Addition
NAME	WHITE, LYNN		3.2 NAME	Scott Bell	
STREET ADDRESS	255 SO ORANGE AVE #1700		3.3 STREET ADDRESS	255 S. Orange, Ste 905	
CITY-ST-ZIP	ORLANDO FL 32802		3.4 CITY-ST-ZIP	Orlando, FL 32301	
TITLE	P	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	BROCK, JEFF		4.2 NAME	David Patten	
STREET ADDRESS	112 E ANNIE STREET		4.3 STREET ADDRESS	200 S. Orange Ave., #2210	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	Orlango, FL 32801	
TITLE	D	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	HALL JR, TREVOR		5.2 NAME	Bob Hopfenberg	
STREET ADDRESS	255 S ORANGE AVE, 31350		5.3 STREET ADDRESS	270 S. North Lake Blvd	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Altamonte Springs, FL 32701	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MADSEN, DAMIEN		6.2 NAME		
STREET ADDRESS	601 S. LAKE DESTINY DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Gene Cheatham Gene Cheatham REPRESENTATIVE 4/14/99 4077747880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #