

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90042 043 ****61.25

DOCUMENT # N41360

1. Entity Name
**MAINLINE INDUSTRIAL PARK OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**4589 ORANGE RIVER LOOP ROAD
FORT MYERS, FL 33905 US**

Mailing Address
**4589 ORANGE RIVER LOOP ROAD
FORT MYERS, FL 33905 US**



04052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0320832

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINESETT, RICHARD W
2248 FIRST STREET
FT. MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HAYES, PATRICK J
STREET ADDRESS 4589 ORANGE RIVER LOOP ROAD
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE VTD
NAME CORBETT, D K
STREET ADDRESS 4589 ORANGE RIVER LOOP ROAD
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE SD
NAME WILEY, THOMAS M. JR.
STREET ADDRESS 7642 EAGLET COURT
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE: *D.K. Corbett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.K. CORBETT, VTD

Date

Daytime Phone #

04.06.08 239-693-5919