

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90235 007 ****61.25

DOCUMENT # N44181

1. Entity Name
SABAL INDUSTRIAL PARK ASSOCIATION, INC.



Principal Place of Business
**3111 W MLK JR BLVD
STE 300
TAMPA, FL 33607 US**

Mailing Address
**3100 SMOKETREE COURT
SUITE 600
RALEIGH, NC 27604 US**



2. Principal Place of Business
5680 W CYPRESS ST

3. Mailing Address
One Independent Drive

Suite, Apt. #, etc.
H

Suite, Apt. #, etc.
Suite 114

City & State
Tampa FL

City & State
Jacksonville FL

Zip
33607

Country

Zip
32202

Country

05012006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3078646

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, W. LAWRENCE
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
William G. Evans

Street Address (P.O. Box Number is Not Acceptable)

One Independent Drive, Suite 114

City
Jacksonville

State
FL

Zip Code
32202

8. 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

William G. Evans

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

(NOTE: Registered Agent signature required when reinstating)

4/30/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WIGH, STEPHEN 3111 W MLK JR BLVD STE 300 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MULLET, CHERYL 3111 W MLK JR BLVD STE 300 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COX, LISA 3111 WMLK JR BLVD STE 300 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRINO, MARY 207 D KEISEY LANE TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, RONNEY 9102 SABAL INDUSTRIAL BLVD TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIMM, ALICE 3111 W. MARTIN LUTHER KING BLVD #300 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kevin Bunch One Independent Drive, Suite 114 Jacksonville FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director **4/30/06**

Date

813-282-1536

Daytime Phone #