

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N46224** (4)  
1. Corporation Name  
**FLORIDA PUBLIC WAREHOUSE ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

8112 SHADY GROVE RD.  
JACKSONVILLE FL 32256  
US

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JACKSONVILLE FL 32256  
US

3. Date Incorporated or Qualified  
**11/27/1991**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business  
21 **1560 Jessie Street**

2a. Mailing Address  
26 **P O Box 2620**

4. FEI Number  
**59-3094694**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
23 **Jacksonville FL**

27 City & State  
28 **Jacksonville FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip  
**32206**

Country  
25 **U.S.**

29 Zip  
**32203**

Country  
30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEPRELL, SAMUEL L.  
1301 GULF LIFE DRIVE  
SUITE 1500  
JACKSONVILLE FL 32207**

81 Name  
**Same**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Suite 901, Blackstone Bldg**

83 **233 E. Bay Street**

84 City  
**Jacksonville**

85 Zip Code  
**FL 32202**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
DUKE, THOMAS A.  
1560 JESSIE ST.  
JACKSONVILLE FL**

☐ DELETE

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

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CHAPPELL, EDWARD T.  
8112 SHADY GROVE RD.  
JACKSONVILLE FL**

☒ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
SPENCE, CARLTON H.  
PO BOX 41064 N/A  
JACKSONVILLE FL**

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
COMER, JAMES D.  
560 HECKSHER DR.  
JACKSONVILLE FL**

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FUTERNICK, MORRIS  
12300 NW 32ND AVENUE  
MIAMI FL**

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LYONS, DAVID  
3010 SADDLE CREEK RD.  
LAKELAND FL**

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)