

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

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90003 002 \*\*\*\*61.25

**DOCUMENT # N46224**

1. Entity Name  
FLORIDA PUBLIC WAREHOUSE ASSOCIATION, INC.



Principal Place of Business

1560 JESSIE STREET  
JACKSONVILLE, FL 32206 US

Mailing Address

P.O. BOX 2620  
JACKSONVILLE, FL 32203 US



07012004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3094694

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEPRELL, SAMUEL L.  
233 E. BAY STREET  
SUITE 901, BLACKSTONE BLDG.  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/04

Date

904.388.3500

Daytime Phone #