


**2005, NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N46224</b> 1. Entity Name FLORIDA PUBLIC WAREHOUSE ASSOCIATION, INC.	
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Principal Place of Business 1560 JESSIE STREET JACKSONVILLE, FL 32206 US	Mailing Address P.O. BOX 2620 JACKSONVILLE, FL 32203 US
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**DO NOT WRITE IN THIS SPACE**

02182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3094694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	

<p>U000000257421 03/09/05-80055-003 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  3/7/05 904-798-3500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #