

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49379 (3)

1. Corporation Name

ROSE INDUSTRIAL PARK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

520 S MAGNOLIA AVE
P.O. BOX 2769
ORLANDO FL 32802-2769
US

520 S MAGNOLIA AVE
P.O. BOX 2769
ORLANDO FL 32802-2769
US

3. Date Incorporated or Qualified
06/11/1992

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 529 Versailles Dr.

26 529 Versailles Dr.

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #200

27 #200

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

City & State

City & State

23 Maitland, Fl.

28 Maitland, Fl.

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

24 Zip 32751

25 Country USA

29 Zip 32751

30 Country USA

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

BREIG JOSEPH F
520 S MAGNOLIA AVE
ORLANDO FL 32801

81 Name

W.E. McCully

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

1503 W. Smith St.

83

84 City

Orlando

FL

85 Zip Code

32804

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

W.E. McCully

(NOTE: Registered Agent signature required when resigning.)

DATE

Feb. 23, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME SD
STREET ADDRESS MCCULLY, W.E.
CITY - ST - ZIP 1503 W SMITH ST
ORLANDO FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME TD
STREET ADDRESS SINGLETON, RALPH D.
CITY - ST - ZIP 529 VERSAILLES DR., SUITE 200
MAITLAND FL

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

TITLE ☐ DELETE
NAME PD
STREET ADDRESS DOERR, JOSEPH B.
CITY - ST - ZIP 8251 N ORANGE BLOSSOM TR
ORLANDO FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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: *W.E. McCully*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W.E. McCully, President

Date

Daytime Phone #

(407) 425-6661

CR2E037 (12/95)