

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 # N93000000858 (1)

1. Corporation Name

FLORIDA SMALL DISADVANTAGED MANUFACTURERS CORPORATION



Principal Place of Business

Mailing Address

107 WEST GAINES STREET  
COLLINS BLDG. ROOM 443  
TALLAHASSEE FL 32399-2000  
US

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COLLINS BLDG. ROOM 443  
TALLAHASSEE FL 32399-2000  
US

3. Date Incorporated or Qualified  
03/11/1993

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3170984

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

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

HAGERMAN, MAURY S.  
107 W. GAINES ST.  
SUITE 443  
TALLAHASSEE FL 32399-2000

81 Name

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

83

84 City

FL 85 Zip Code

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BURCH, CLYDE  
STREET ADDRESS 10101 NINTH STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33716

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Len Stout  
1.3 STREET ADDRESS 1500 Gateway Blvd.  
1.4 CITY-ST-ZIP Boynton Beach, FL 33403 33426-8292

TITLE CD ☐ DELETE  
NAME BUSH, MICHAEL  
STREET ADDRESS 1501 72ND STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME D. J. Perez  
2.3 STREET ADDRESS P.O. Box 109600  
2.4 CITY-ST-ZIP West Palm Beach, FL 33410-9600

TITLE VCD ☐ DELETE  
NAME CAMPBELL, BRENT  
STREET ADDRESS 569 SE 15TH AVENUE  
CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME Sam Murphy  
3.3 STREET ADDRESS 2930 Community Blvd.  
3.4 CITY-ST-ZIP Tallahassee, FL 32303

TITLE D ☐ DELETE  
NAME DEBORD, RICK  
STREET ADDRESS 2000 WEST NASA BLVD MS F08-221  
CITY-ST-ZIP MELBOURNE FL

4.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Dr. Yakubu Umar D  
4.3 STREET ADDRESS P.O. Box 681104  
4.4 CITY-ST-ZIP Miami, FL 33168

TITLE D ☐ DELETE  
NAME DUNBAR, MICHAEL  
STREET ADDRESS 5600 SANDLAKE RD, MP 141  
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ DELETE  
NAME ~~KMET, STANLEY~~  
STREET ADDRESS ~~1101 FLORIDA EDUCATION CENTER~~  
CITY-ST-ZIP ~~TALLAHASSEE FL~~

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME LAWRENCE SCOTT TAYLOR  
6.3 STREET ADDRESS 3367 WOODHILL DRIVE  
6.4 CITY-ST-ZIP TALLAHASSEE, FLORIDA 32303

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:

*Michael D. Ham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

813/381-2000

Date

Daytime Phone #

CR2E037 (12/95)