

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90012 026 ****61.25

DOCUMENT # N93000000858

1. Corporation Name

FLORIDA SMALL DISADVANTAGED MANUFACTURERS CORPORATION

Principal Place of Business

390 N ORANGE AVE
SUITE 1300
ORLANDO FL 32801
US

Mailing Address

P O BOX 4013
TALLAHASSEE FL 32315



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 390 N. Orange Avenue

Suite, Apt. #, etc.

27 Suite 1300

City & State

28 Orlando, FL

Zip

Country

29 32801

Country

30 US

3. Date Incorporated or Qualified

03/11/1993

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

9. Name and Address of Current Registered Agent

PEREZ, D J BUDDY
P O BOX 109600
1500 GATEWAY BLVD.
W PALM BEACH FL 33410

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME PEREZ, D J BUDDY
STREET ADDRESS P O BOX 109600
CITY-ST-ZIP W PALM BEACH FL 33410-9600

TITLE D ☒ DELETE
NAME KORCHAK, RICK
STREET ADDRESS 390 N ORANGE AVE SUITE 1300
CITY-ST-ZIP ORLANDO FL 32801

TITLE D ☒ DELETE
NAME WALKER, TONY
STREET ADDRESS 1500 GATEWAY BLVD M.S. 100
CITY-ST-ZIP BOYNTON BEACH FL 33426

TITLE D ☒ DELETE
NAME HARD, PEARL
STREET ADDRESS P O BOX 99000 (MZ 15-1164)
CITY-ST-ZIP MELBOURNE FL 32902

TITLE D ☐ DELETE
NAME MURPHY, SAM
STREET ADDRESS 2930 COMMONWEALTH BLVD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Michael Bush
1.3 STREET ADDRESS 5600 Sandlake Road M/S 141
1.4 CITY-ST-ZIP Orlando, FL 32819

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Rick DeBord
2.3 STREET ADDRESS 2000 West NASA Blvd.
2.4 CITY-ST-ZIP Melbourne, FL 32904-2322

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

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

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

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sam K. Murphy

Date

3/16/99 850-574-4767

Daytime Phone

CR2E037 (11/98)