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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N94000002420**

1. Corporation Name

**FLORIDA FREE TRADE ZONES ASSOCIATION, INC.**

Principal Place of Business

CANAVERAL PORT AUTHORITY  
200 GEORGE KING BLVD  
CAPE CANAVERAL FL 32920  
US

Mailing Address

CANAVERAL PORT AUTHORITY  
PO BOX 267  
CAPE CANAVERAL FL 32920  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/13/1994

4. FEI Number

58-1209849

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

COSSEY, SUSAN A  
CANAVERAL PORT AUTHORITY  
200 GEORGE KING BLVD  
CAPE CANAVERAL FL 32920

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 BAUER, DICK  
STREET ADDRESS 43 N KROME AVENUE  
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE D ☐ DELETE

NAME COSSEY, SUSAN  
STREET ADDRESS PO BOX 267, 200 GEORGE KING BLVD  
CITY-ST-ZIP CAPE CANAVERAL FL 32921

TITLE D ☐ DELETE

NAME SMITH, LINDA  
STREET ADDRESS 4101 LINDY CIR  
CITY-ST-ZIP ORLANDO FL 32827

TITLE D ☐ DELETE

NAME CLAYTOR, DEBORAH  
STREET ADDRESS 2831 TALLEYRAND AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32206-3496

TITLE D ☐ DELETE

NAME BERRY, TOMMY  
STREET ADDRESS 2104 WEST 23RD STREET  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ DELETE

NAME TOPPING, CLIFF  
STREET ADDRESS PO BOX 420  
CITY-ST-ZIP TAMPA FL 33601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (305) 247-7082  
Date Daytime Phone #

CR2E037 (11/98)