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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400006108 (4)

## THE PALM BAY DEVELOPMENT CORPORATION

FILED May 01 1996 8:00 am Secretary of State



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Principal Place o	of Business	Mailing Address						
250 GRASSLAN		P O BOX 100280	۵۸					
PALM BAY FL 32909		PALM BAY FL 32910-0280 US			3. Date Incorporated or Qual	ified 3a.	Date of Las 05/01/	
9 Principal Plac	ne of Rusiness	2a. Mailing Address			4. FEI Number		1	Applied For
2. Principal Place of Business		26		APPLIED FOR 59-3298248 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desire	ed []	\$8.7	5 Additional
2	, •	27			5. Certificate of Status Desire	Li	Fee	Required
City & State		City & State			6. Election Campaign Finance	ing 🗀		00 May Be
3		28			Trust Fund Contribution			ed to Fees
<b>Z</b> ip	Country	Zip	Country		8. This corporation has liabili			s. 199.032,
4	25	29	30		Florida Statutes  10. Name and Address of N	Yes		
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of h	ew Legistere	u Agent	
			°'					
ROBERTS, WILLIAM J 217 S. ADAMS STREET		82 Street Add		Street Addr	treet Address (P.O. Box Number is Not Acceptable)			
TALLAHA	SSEE FL 32301		63					
			84	City		F=	85	Zip Code
	o the provisions of Sections 617.0502 and agent, or both, in the State of Florida th, and accept the obligations of, Section						<b>L</b>	istorad offic
	n, and accept the obligations of, section	1 9 17.0303, 110 Ida Gtatute.	,.					
SIGNATURE _	Signature, typed or printed name of registered agent a	id title if applicable. (No	OTE Registered Agent	t signature require	d when reinstating)	DATE		
	Signature, typed or printed name of registered agent a OFFICERS AND		TE Registered Agent		ADDITIONS/CHANGES To	O OFFICERS A	ND DIRECT	
12.	OFFICERS AND			Pr	ADDITIONS/CHANGES TO esident/Direct	O OFFICERS A	ND DIRECT	FORS IN 12 Addition
12.	OFFICERS AND	DIRECTORS	13.	Pr Fr	ADDITIONS/CHANGES TO resident/Direct rank Margiotta	O OFFICERS A	ND DIRECT	
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14. I do hereby certify that the information supplied with this filling is voluntarily instead and oversity 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 attactment with an address.

SIGNATURE:

TOWNS UNE ON PRINTING WAME OF SEARING OFFICER OR DIRECTO

4-26-96

407-724-8009

Daytime Phone #

CR2E037 (12/9)