

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N94000006108 (4)

1. Corporation Name

THE PALM BAY DEVELOPMENT CORPORATION

Principal Place of Business

250 GRASSLAND ROAD S.E.
PALM BAY FL 32909

Mailing Address

P O BOX 100280
PALM BAY FL 32910-0280
US

3. Date Incorporated or Qualified
12/14/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

APPLIED FOR 59-3298248

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

ROBERTS, WILLIAM J
217 S. ADAMS STREET
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MILLER, AUDRA
STREET ADDRESS 250 GRASSLAND ROAD S.E.
CITY-ST-ZIP PALM BAY FL 32909

1.1 TITLE President/Director ☐ Change ☒ Addition
1.2 NAME Frank Margiotta
1.3 STREET ADDRESS 250 Grassland Road S.E.
1.4 CITY-ST-ZIP Palm Bay, FL 32909

TITLE STD ☒ DELETE
NAME HUGGINS, ALLEN L
STREET ADDRESS 1113 MILL AVE NW
CITY-ST-ZIP PALM BAY FL

2.1 TITLE Vice President/Director ☐ Change ☒ Addition
2.2 NAME Tom Adams
2.3 STREET ADDRESS 250 Grassland Road SE
2.4 CITY-ST-ZIP Palm Bay, FL 32909

TITLE PD ☐ DELETE
NAME THOMPSON, JODIE H.
STREET ADDRESS 250 GRASSLAND ROAD S.E.
CITY-ST-ZIP PALM BAY FL

3.1 TITLE Sec/Treasurer/Dir ☒ Change ☐ Addition
3.2 NAME Jodie H. Thompson
3.3 STREET ADDRESS 939 Sable Circle SE
3.4 CITY-ST-ZIP Palm Bay, FL 32909

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:

Tam Adams
TAM ADAMS

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

407-924-8009

Daytime Phone #

CR2E037 (12/95)