

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 # N95000003369 (4)

1. Corporation Name

PORT CANAVERAL PROMOTION, INC.



Principal Place of Business

Mailing Address

**8911 N ATLANTIC AVE LOT #1
CAPE CANAVERAL FL 32920**

**8911 N ATLANTIC AVE LOT #1
CAPE CANAVERAL FL 32920**

*PO Box 1273 32920
CAPE CANAVERAL, FL*

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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report
N/A

4. FEI Number

APPLIED FOR

☒ 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

10. Name and Address of New Registered Agent

**WATSON, FRAN
8911 N ATLANTIC AVE LOT #1
CAPE CANAVERAL FL 32920**

PO Box 1273

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

Fran Watson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D BIESKE, BOB**
STREET ADDRESS **1260 ISLAND DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE ☐ DELETE

NAME **ALLEN, JEFF**
STREET ADDRESS **9049 JETTY RD**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ DELETE

NAME **JOHNS, BARBARA**
STREET ADDRESS **9010 MARLIN ST**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ DELETE

NAME **COSSEY, SUSAN**
STREET ADDRESS **200 S BANANA RIVER BLVD**
CITY-ST-ZIP **COCOA BEACH FL 32931**

TITLE ☐ DELETE

NAME **WATSON, FRAN**
STREET ADDRESS **8911 N ATLANTIC AVE LOT #1**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE ☐ DELETE

NAME **THOMPSON, DENNIS**
STREET ADDRESS **1935 HOLT DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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

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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:

Fran Watson **FRAN WATSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

Date

407-784-5354

Daytime Phone #

CR2E037 (12/95)