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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25273 (4)

1. Corporation Name
BREVARD COUNTY WINDUSTRIAL CO.

Principal Place of Business

**750 MULLET DRIVE
CAPE CANAVERAL FL 32920
US**

Mailing Address

**777 LIBERTY LANE
DAYTON OH 45449**



2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS 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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of signature

Signature, typed or printed name of corporation and date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CLAYTON, DANIEL P	
STREET ADDRESS	325 RIVERSIDE AVE	
CITY-STATE-ZIP	MERRITT ISL FL	
TITLE	D	☐ DELETE
NAME	BATTER, WAYNE	
STREET ADDRESS	332 OLD MAPLE AVE.	
CITY-STATE-ZIP	NORTH HAVEN CT	
TITLE	AS	☐ DELETE
NAME	FRY, BENJAMIN	
STREET ADDRESS	777 LIBERTY LANE	
CITY-STATE-ZIP	DAYTON OH	
TITLE	D	☐ DELETE
NAME	LOSENBAUGH, JACK	
STREET ADDRESS	3120 KETTERING BLVD.	
CITY-STATE-ZIP	DAYTON OH 45439	
TITLE	D	☐ DELETE
NAME	BURNS, DAN	
STREET ADDRESS	3120 KETTERING BLVD.	
CITY-STATE-ZIP	DAYTON OH 45439	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**P Richard Seteroff
7210 U.S. 1 North #203
Fort St. John FL 32927**

S/T

**D Ken McElroy
1035 Anniston Beach Road
Anniston AL 36206**

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)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Benjamin Fry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 8 1996

(513) 847-8256

CR2E034 (12/95)