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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 45449-2134



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

07/21/1989

3a. Date of Last Report

04/08/1996

4. FEI Number

59-2955197

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME SETEROFF, RICHARD
STREET ADDRESS 7210 US 1 NORTH #203
CITY-ST-ZIP FORT ST. JOHN FL

TITLE D ☐ DELETE
NAME BATTER, WAYNE
STREET ADDRESS 332 OLD MAPLE AVE.
CITY-ST-ZIP NORTH HAVEN CT

TITLE ST ☐ DELETE
NAME FRY, BENJAMIN
STREET ADDRESS 777 LIBERTY LANE
CITY-ST-ZIP DAYTON OH

TITLE D ☐ DELETE
NAME OSENBAUGH, JACK
STREET ADDRESS 3120 KETTERING BLVD.
CITY-ST-ZIP DAYTON OH 45439

TITLE D ☐ DELETE
NAME BURNS, DAN
STREET ADDRESS 3120 KETTERING BLVD.
CITY-ST-ZIP DAYTON OH 45439

TITLE D ☐ DELETE
NAME MCELROY, KEN
STREET ADDRESS 1085 ANNISTON BEACH ROAD
CITY-ST-ZIP ANNISTON AL

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 do 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 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

3-21-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)