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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
750 MULLET DRIVE CAPE CANAVERAL FL 32920 US	777 LIBERTY LANE DAYTON OH 45449

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1989**

2. Principal Place of Business 21	2a. Mailing Address 26 1000 HURRICANE SHOALS RD. NE.	4. FEI Number: **59-2955197**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 BLDG D, SUITE 500	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 LAWRENCEVILLE, GA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 30043 / 30 ~~GEORGIA~~	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New 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 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	1.1 TITLE	SECRETARY / TREASURER	☐ Change ☒ Addition
NAME	SETEROFF, RICHARD		1.2 NAME	PHILLP E NUEGEL	
STREET ADDRESS	7210 US 1 NORTH #203		1.3 STREET ADDRESS	1000 HURRICANE SHOALS RD. NE. D, 500	
CITY-ST-ZIP	FORT ST. JOHN FL		1.4 CITY-ST-ZIP	LAWRENCEVILLE, GA. 30043	
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BATTER, WAYNE		2.2 NAME	JIM MCINTYRE	
STREET ADDRESS	332 OLD MAPLE AVE.		2.3 STREET ADDRESS	3110 KETTERING BLVD	
CITY-ST-ZIP	NORTH HAVEN CT		2.4 CITY-ST-ZIP	DAYTON, ON. 45439	
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRY, BENJAMIN		3.2 NAME		
STREET ADDRESS	777 LIBERTY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OSENBAUGH, JACK		4.2 NAME		
STREET ADDRESS	3120 KETTERING BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH 45439		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BURNS, DAN		5.2 NAME		
STREET ADDRESS	3120 KETTERING BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH 45439		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCELROY, KEN		6.2 NAME		
STREET ADDRESS	1085 ANNISTON BEACH ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ANNISTON AL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: Philip E Nuegel PHILIP E NUEGEL 6/29/98 678-317-0537