FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

100 SR 419 STE, 210

WINTER SPRINGS FL 32708

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 POCUMENT # P95000008265

1. Corporation Name

Principal Place of Business

WINTER SPRINGS FL 32708

100 SR 419 STE. 210

WINTER SPRINGS INDUSTRIAL PARK OWNERS ASSOCIATIO N. INC.

					DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualifed 01/26/1995					
ipal Place of Business 2a. Mailing Address					4. FEI Number			App	lied For		
	26					NOT APPLICABLE			Not	Applicable	
#, etc.	Suite, Apr	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 Additional Fee Required			
e	 	ate				6. Election Campaign Financing		•		•	
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9. Name and Address of Curr	rent Registered Age	nt		04]	<u> </u>	10. Name and Address of New Re	gistereu z	ygent			
N ROGER E			'	811	Name						
100 SR 419 STE. 210			Į.	82	2 Street Address (P.O. Box Number is Not Acceptable)						
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IER SERINGS I C 32/00)1	83							
			Ţ	84	City		FI	85	Zip C	ode	
egistered agent, or both, in the Sta	ite of Florida. Such cl	nance was auth	orized	by t	he corporation	poration submits this statement for the pron's board of directors. I hereby accept	urpose of o the appoin	changi	ng its r as reg	egistered istered	
Standard broad or printed dame of registered a	agent and title if applicable	(NOTE: Re	agistered A	dent	signature require	ad when reinstating)	DATE	——			
			13.				CERS AN	D DIRI	ECTOF	RS IN 12	
D		1.1 TITLE					[] Ch	ange	Addition		
OWEN, ROGER E				1.2 NAME							
400 OD 440 OTE 040			1.3 STREET ADDRESS		ADDRESS						
WINTER SPRINGS FL 32708			1.4 CM	Y- ST	-ZIP						
D		DELETE	2.1 TITL	E				Ch	ange	Addition	
TURK, DALE R			2.2 NAM	ΝE	ĺ						
112 SR 419			2.3 STR	ŒET	ADDRESS						
	#, etc. Country 25 9. Name and Address of Curr N, ROGER E SR 419 STE. 210 IER SPRINGS FL 32708 to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the obl Signature, typed or printed name of registered. OFFICERS D OWEN, ROGER E 100 SR 419 STE. 210 WINTER SPRINGS FL 32708 D TURK, DALE R	#, etc. City & State, April 27 E City & State 28 Country Zip 29 9. Name and Address of Current Registered Age EN, ROGER E SR 419 STE. 210 IER SPRINGS FL 32708 to the provisions of Sections 607.0502 and 607.1508, Fe gistered agent, or both, in the State of Florida. Such of m familiar with, and accept the obligations of, Section 60 Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS OWEN, ROGER E 100 SR 419 STE. 210 WINTER SPRINGS FL 32708 D TURK, DALE R	#, etc. Suite, Apt. #, etc. City & State 28 Country Zip 25 9. Name and Address of Current Registered Agent EN, ROGER E SR 419 STE. 210 IER SPRINGS FL 32708 to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth m familiar with, and accept the obligations of, Section 607.0505, Florida Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D OWEN, ROGER E 100 SR 419 STE. 210 WINTER SPRINGS FL 32708 D DELETE TURK, DALE R	#, etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Suite, Apt. #, etc. Country Zip Country Zip Country Sip ROGER E SR 419 STE. 210 IER SPRINGS FL 32708 Ito the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the able egistered agent, or both, in the State of Florida. Such change was authorized in familiar with, and accept the obligations of, Section 607.0505, Florida Statu Signature, typed or printed name of registered agent and title if applicable. 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Date Incorporated or Qualifed 01/26/1995 Lace of Business 2a. Mailing Address 2b. Lection Campaign Financing Trust Fund Contribution Country 2cp 2sp 30 Country 2sp 30 Country 2sp 30 Responded Address of Current Registered Agent Name Nor APPLICABLE 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Country 2sp 30 Responded Address of Current Registered Agent Name Name Name 10. Name and Address of New Re 11. Name 12. Street Address (P.O. Box Number is Not Acceptable Bat City 13. Date Incorporated or Qualifed O1/26/18LE 14. City 15. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 16. Name Address of New Re 17. Name And Address of New Re 18. Name 19. Name And Address of New Re 19. Street Address (P.O. Box Number is Not Acceptable Bat City 10. In the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the pregistered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFI OWEN, ROGER E 100 SR 419 STE, 210 WINTER SPRINGS FL 32708 DELETE 1.1 TILE 1.2 NAME 1.4 CITY-ST-ZIP DIRECTED 2.1 TILE 2.1 TILE 2.1 TILE 2.1 NAME 3.1 CITY-ST-ZIP 4.1 TILE 3.2 NAME	3. Date Incorporated or Qualified 01/26/1995 4. FEI Number NOT APPLICABLE #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired - Example City & State 6. Election Campaign Financing - Trust Fund Contribution - Country Zip Country 8. This corporation owes the current year into Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) TER SPRINGS FL 32708 83 84 City FL To the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appoint in familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent spinature required when reinstating) OATE OWEN, ROGER E 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY: ST-279 1.4 CITY:	3. Date Incorporated or Qualifed 01/26/1995 4. FEI Number NOT APPLICABLE #, etc. Suite, Apt. #, etc. S. Cerificate of Status Desired \$8. #, etc. Suite, Apt. #, etc. S. 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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 suppliemental number property 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 expowered 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 arachment with an address, with all other like empowered.

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY- ST-ZIP

3.1 TITLE

3.2 NAME

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52 NAME

6.1 TITLE

6.2 NAME

DELETE

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SIGNATURE:

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WINTER SPRINGS FL 32708

WINTER SPRINGS FL 32708

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100 SR 419

1/26/99

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Change

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Secretary of State

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