

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032096 (6)

1. Corporation Name

FLORIDA INDEPENDENT PURCHASING ALLIANCE, INC.

Principal Place of Business

104 W. JEFFERSON ST.
TALLAHASSEE FL 32301

Mailing Address

104 W. JEFFERSON ST.
TALLAHASSEE FL 32301

FILED
96 MAY 10 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MEYER, RONALD G ESQ.
2544 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

04/25/1995

3a. Date of Last Report

4. FEI Number

59-3311009

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

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

800001821078

05/14/96 01119 017

***225.00 ***225.00

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 or director if applicable)

(NOTE: Registered Agent Signatures required when new filings)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
ZAHN, BRAD
STREET ADDRESS 2170 S. MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME VD
BOWDEN, MIKE
STREET ADDRESS 1622 N.E. 4TH ST.
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☐ DELETE

NAME TD
BEYERS, ROGER
STREET ADDRESS 1123 W. MAIN ST.
CITY-ST-ZIP LEEsburg FL 34748

TITLE ☐ DELETE

NAME SD
WILLIAMS, ROBIN
STREET ADDRESS 3530 49TH ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE ☐ DELETE

NAME D
FOLLWEILER, OLLIE
STREET ADDRESS P.O. BOX 878 N/A
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ DELETE

NAME D
AKIN, CECIL
STREET ADDRESS 560 E. HICKEOCHEE AVE.
CITY-ST-ZIP LABELLE FL 33935-5072

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 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 or 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:

BRAD ZAHN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/96

407 965 4412

CR2E034 (12/95)