

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V13336** (5)

1. Corporation Name

THE CONDIT CORPORATION



Principal Place of Business

**1901 14TH AVE
VERO BEACH FL 32960**

Mailing Address

**3375 BUCKINGHAMMOCK TR.
VERO BEACH FL 32960
US**

2. Principal Place of Business

2a. Mailing Address

21 608 Miracle Plaza

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Vero Beach, FL

28

Zip

Country

Zip

Country

24 32960

25

IR

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/10/1992

3a. Date of Last Report
05/01/1995

4. FEI Number

59-3107176

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

**CONDIT, DIANE K.
1901 14TH AVE
VERO BCH FL 32960**

81 Name

Condit, Diane K. (same)

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

3375 Buckinghammock Trail

83

84 City

Vero Beach

FL

85 Zip Code

32960

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

Diane K. Condit

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent Signature required when changing)

4-20-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE
NAME **CONDIT, ROBERT D**
STREET ADDRESS **1901 14TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **PS** ☐ DELETE
NAME **CONDIT, DIANE K**
STREET ADDRESS **1901 14TH AVE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☒ Change ☐ Addition
1.2 NAME **Condit, Robert D.**
1.3 STREET ADDRESS **3375 Buckinghammock Trail**
1.4 CITY-ST-ZIP **Vero Beach, FL 32960**

2.1 TITLE **PS** ☒ Change ☐ Addition
2.2 NAME **Condit, Diane K.**
2.3 STREET ADDRESS **3375 Buckinghammock Trail**
2.4 CITY-ST-ZIP **Vero Beach, FL 32960**

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 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:

Diane K. Condit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96

DATE

407-778-8343

DATE OF FILING

CR2E034 (12/95)