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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N

M88679

(9)

ST. AUGUSTINE INDUSTRIAL PARK, INC.

FILED
Apr 23 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address 2215 SOUTH THIRD ST. 2215 SOUTH THIRD ST. SUITE 201 SUITE 201 JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250-4054								
					3. Date Incorporated or Qualified	l l	ate of Last F	,
2. Principal	Place of Business	2a. Mailing Address	·····		07/07/1988 4. FEI Number	1 0	7/30/1996	pplied For
21		26			59-2906728		———	of Applicable
Suite, Ap	l #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		-	Additional
City & St	(A)	City & State		 				equired
23	d(tt	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
<i>Z</i> (p)	Country	Zip	Coun	try	8. This corporation has liability for			
24	25	29	30		Florida Statutes	Yes [□ No	
	9. Name and Address of Curren	nt Registered Agent		ZT	10. Name and Address of New I	Registered	Agent	
	HERN, FRED L., JR.		1,	Name				
	215 SOUTH THIRD STREET		1	Street Add	dress (P.O. Box Number is Not Accept	able)		
	BUITE 101 ACKSONVILLE BEACH FL 32250		1	33				
•	TOTO TOTAL DESTOTATE GEORGE		,					
			1	City		FL	. 1 1	Code
					rporation submits this statement for the ation's board of directors. I hereby acc			
SIGNATURE	Signatur, typed or parties came of ægislered no	ont and title diapplicable (NC	OTE: Registered	-4.	juired when reinstating)	DATE		RS IN 12
	Signatur, typed or parties came of ægislered no			Agent signature req		DATE		
SIGNATURE	Stg. dare, typed or parties cannot of eightened op OFFICERS AN DP AHERN, FRED L.	ont and fille il applicable (NC ND DIRECTORS	OTE: Registered	Agent signature req	juired when reinstating)	DATE	DIRECTOR	
SIGNATURE 12. THE NAME SIREET ADDRESS	OFFICERS AN DP AHERN, FRED L. 2215 SO. THIRD ST. #201	ont and fille il applicable (NC ND DIRECTORS	OTE: Registered 13. 1.1 TITL	Agent signature req	juired when reinstating)	DATE	DIRECTOR	
SIGNATURE 12. THE NAME SIREET ADDRESS CHY-SE-ZIP	OFFICERS AN OFFICERS AN DP AHERN, FRED L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL	gont and title if applicable (NO ID DIRECTORS DELETE	DTE: Registered 13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITU	Agent signature req E AE EET ADDRESS (- ST-ZIP	juired when reinstating)	DATE	DIRECTOR Change	Addilion
SIGNATURE 12. THE NAME SIRIET ADDRESS CHY-S1-ZIP THEE	OFFICERS AN OFFICERS AN DP AHERN, FRED L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL. DVT	ont and fille il applicable (NC ND DIRECTORS	13. 1.1 TIPL 1.2 NAN 1.3 STR 1.4 CID 21 TIPL	Agent eignature req E 4E EEET ADDRESS (-ST-2IP) E	juired when reinstating)	DATE	DIRECTOR	Addition
SIGNATURE 12. THE NAME SIRET ADDRESS CHY-SE-ZIP	OFFICERS AN OFFICERS AN DP AHERN, FRED L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL DVT WALCHLE, DAVID L.	gont and title if applicable (NO ID DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CID 2.1 TITL 2.2 NAM	Agent signature req E AE EET ADDRESS (-ST-2IP) E AE	juired when reinstating)	DATE	DIRECTOR Change	Addition
SIGNATURE 12. THE NAME SIBLET ADDRESS CITY - SE- 7IP HILE NAME	OFFICERS AN DP AHERN, FRED L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL DVT WALCHLE, DAVID L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL	gont and title if applicable (NO ID DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CID 2.1 TITL 2.2 NAA 2.3 STR	Agent eignature req E 4E EEET ADDRESS (-ST-2IP) E	juired when reinstating)	DATE	DIRECTOR Change	Addition
SIGNATURE 12. THE NAME SHEET ADDRESS THE NAME STEET ADDRESS	OFFICERS AN DP AHERN, FRED L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL DVT WALCHLE, DAVID L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL SCHOOL ST. #201 JACKSONVILLE BCH. FL S	gont and title if applicable (NO ID DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CID 2.1 TITL 2.2 NAA 2.3 STR	Agent signature req E AE EET ADDRESS (- ST- ZIP) EET ADDRESS Y- ST- ZIP	juired when reinstating)	DATE	DIRECTOR Change	Addition
SIGNATURE 12. THE NAME SHEET ADDRESS CHY-SE-ZIP THUE NAME SIETT ADDRESS CHY-SE-ZIP THUE NAME	OFFICERS AN DP AHERN, FRED L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL DVT WALCHLE, DAVID L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL S AHERN, JR. F	pont and fille if applicable (NC ID DIRECTORS DELETE DELETE	13. 1.7 TITL 1.2 NAM 1.3 STR 1.4 CID 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Agent eigneture req E AE EET ADDRESS (- ST-ZIP) E AE EET ADDRESS Y-ST-ZIP E AE AE AE AE AE AE AE AE AE	juired when reinstating)	DATE	DIRECTOR Change Change	Addilion
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SIGNATURE 12. TOTE NAME SHEET ADDRESS CITY SE-ZIP TITLE NAME STREET ADDRESS CITY SE-ZIP TITLE NAME STREET ADDRESS CITY SE-ZIP TITLE	OFFICERS AN DP AHERN, FRED L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL DVT WALCHLE, DAVID L. 2215 SO. THIRD ST. #201 JACKSONVILLE BCH. FL S AHERN, JR. F 2215 S. THIRD ST. #101 JACKSONVILLE BCH FL	ont and title if applicable (NO DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CID 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CID 5.1 TITL 5.1 TITL	Agent signature req E AE AE EET ADDRESS /- ST- ZIP E AE EET ADDRESS Y - ST- ZIP E AE EET ADDRESS Y - ST- ZIP E EET ADDRESS /- ST- ZIP E	juired when reinstating)	DATE	DIRECTOR Change Change	Addition Addition
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4. I de 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; the Lam an officer or direction 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, exemption with an address.

SIGNATURE:

SIGNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/16/97 904-241-4

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