

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 # 154996 (3)  
1. Corporation Name  
NJN, INC.



Principal Place of Business

2215 S OCCIDENT ST.  
P. O. BOX 10415  
TAMPA FL 33679

Mailing Address

2215 S OCCIDENT ST.  
P. O. BOX 10415  
TAMPA FL 33679

3. Date Incorporated or Qualified 05/27/1948  
3a. Date of Last Report 01/31/1995

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

4. FEI Number 59-0717953  
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

9. Name and Address of Current Registered Agent

SAUER, NANCY N.  
2215 S. OCCIDENT STREET  
TAMPA FL 33629

10. Name and Address of New Registered Agent

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 for use in Block 12 or 13 if changed, or on an attachment with an address.

(NOTE: Registered Agent signature required when changing agent.)

DATE

12. OFFICERS AND DIRECTORS

12.1	12.2	12.3
1. TITLE	PT	<input type="checkbox"/> DELETE
2. NAME	SAUER, NANCY N.	
3. STREET ADDRESS	2215 S. OCCIDENT ST.	
4. CITY-STATE-ZIP	TAMPA FL	
1. TITLE	VS	<input type="checkbox"/> DELETE
2. NAME	SAUER, RALPH G., III	
3. STREET ADDRESS	2215 S. OCCIDENT ST.	
4. CITY-STATE-ZIP	TAMPA FL	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2	13.3
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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:

Nancy N. Sauer  
NANCY N. SAUER, PRESIDENT

4/16/96

Corporate Filing #

CR2E034 (12/95)