

**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 # **F45576 (8)**  
1. Corporation Name  
**NGB, INC.**



Principal Place of Business: **8005 S.W. 42ND TERR GAINESVILLE FL 32608**  
Mailing Address: **8005 S.W. 42ND TERR GAINESVILLE FL 32608**

3. Date Incorporated or Qualified: **09/14/1981**  
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

4. FEI Number: **59-2124893**  
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**

**CHRISTMANN, THOMAS G  
527 E UNIVERSITY AVE  
GAINESVILLE FL 32602**

**10. Name and Address of New Registered Agent**

81 Name: **LINDA SEXTON**  
82 Street Address (P.O. Box Numbers Not Acceptable): **84432 NW 25th Ave Ste 3**  
83  
84 City: **GAINESVILLE** FL 85 Zip Code: **32604**

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 607.9505, Florida Statutes.

SIGNATURE: *Linda K Sexton*  
Signature typed or printed name of registered agent and fiscal officer.

DATE: **2/5/90**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE:  DELETE  
NAME: **DP ANCHORS, III., GARNER B.**  
STREET ADDRESS: **S.R. 21 MELROSE FL**  
CITY-ST-ZIP: **DST**

2. TITLE:  DELETE  
NAME: **STUMP, PATRICIA A**  
STREET ADDRESS: **8005 S.W. 42ND TERR. GAINESVILLE, FL 00000**  
CITY-ST-ZIP: **GAINESVILLE, FL 00000**

3. TITLE:  DELETE  
NAME: **DP ANCHORS, III., GARNER B.**  
STREET ADDRESS: **S.R. 21 MELROSE FL**  
CITY-ST-ZIP: **DST**

4. TITLE:  DELETE  
NAME: **STUMP, PATRICIA A**  
STREET ADDRESS: **8005 S.W. 42ND TERR. GAINESVILLE, FL 00000**  
CITY-ST-ZIP: **GAINESVILLE, FL 00000**

1. TITLE:  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

2. TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3. TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4. TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5. TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6. 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: *Patricia A. Stump*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/1/96** (904) 378-9111  
Daytime Phone

CR2E034 (12/95)