FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L17938** **(6)**

1. Corporation Name
THE NUGENT CORPORATION

Principal Place of Business	Mailing Address
% JOHN L. NUGENT, JR. 7314 STATE RD 52. STE 204 A HUDSON FL 34667	% JOHN L. NUGENT, JR. 7314 STATE RD 52. STE 204 A HUDSON FL 34667

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1989
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21 7310 State Road 52
22 Suite, Apt. #, etc.
23 City & State: Hudson, FL 34667
24 Zip: 34667 25 Country: US

2a. Mailing Address
26 7310 State Road 52
27 Suite, Apt. #, etc.
28 City & State: Hudson, FL 34667
29 Zip: 34667 30 Country: US

4. FEI Number: 59-2969751 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NUGENT, JOHN L, JR.
7314 STATE ROAD 52
STE 204 A
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7310 State Road 52
83 Hudson, FL 34667
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: _____ 4-28-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	11 TITLE	☐ Change ☐ Addition
NAME	NUGENT, JOHN L, JR.	12 NAME	
STREET ADDRESS	7316 STATE ROAD 52, SUITE 1	13 STREET ADDRESS	7310 State Road 52
CITY-ST-ZIP	HUDSON FL	14 CITY-ST-ZIP	Hudson, FL 34667
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	NUGENT, ELEANOR	22 NAME	
STREET ADDRESS	7316 STATE ROAD 52, SUITE 1	23 STREET ADDRESS	7310 State Road 52
CITY-ST-ZIP	HUDSON FL	24 CITY-ST-ZIP	Hudson, FL 34667
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	NUGENT, THOMAS L	32 NAME	
STREET ADDRESS	11103 SALT TREE LANE	33 STREET ADDRESS	
CITY-ST-ZIP	PT. RICHEY FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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; 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: _____ 4-28-95 813-862-4999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John L. Nugent, Jr.

0344866 CP