FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

11



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17938

(6)

THE NUGENT CORPORATION

FILED

Apr 18 1997 8:00am

Secretary of State

Principal Plac	e of Business	Mailing Address		# FEBLICALE DOLI LIGHT LOGIS LOVED 1970 L	MIN DANSI MEMILI
7910 STATE RO		7310 STATE ROAD 52			
HUDSON FL 34	1667	HUDSON FL 34667-6711 US			
UU		00		3. Date Incorporated or Qualified	3a. Date of Last Report
9 Principal P	lace of Business	2a, Mailing Address		09/25/1989 4. FEI Number	04/30/1996
2. FINICIPAL 7 21 7 3/			ate Rd s		Applied For Not Applicable
Suite. Apt.		Suite, Apt. #, etc.	are ib ~		CO 75 A 1886
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State	~	6. Election Campaign Financing	\$5.00 May Be
23 Hua	130N) FI.	28 HUDSON,	FI.	Trust Fund Contribution	Added to Fees
Zip 346	Gountry	Zip	Country	8. This corporation has liability for in	
24 346			90		Yes No
	9. Name and Address of Current	negistered Agent	81 Name	10. Name and Address of New Reg	этегеа Адепс
	ENT, JOHN L., JR.		82 Street	Mugent, John L. c	k.
	ON EL 04007		radress (P.O. Box Number is Not Acceptable	9)	
עטא	SON FL 34667		83	318 State Tol 52	· · · · · · · · · · · · · · · · · · ·
			84 City	Ludson	FL 85 Zip Code 34667
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named	corporation submits this statement for the pu	
office or ragent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligat	if Floridá. Such change was au iens of, Section 607.0505, Flori	thorized by the corp da Statutes.	oration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signadre, typed or printed name of registered agent	John L.	Mugent Ja Registered Agent signature	PRES.	2/-11-97 DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	DPS	☐ DELET E	1.1 TITLE	DPS	☐ Change ☐ Addition
NAME	NUGENT, JOHN L., JR.		1.2 NAME	Nugent, John L. do 73/8 State Rd 52	1 (
STREET ADDRESS	7810-STATE ROAD 52		1.3 STREET ADDRESS	73/8 State Rd 52	
CITY-ST-ZIP	HUDSON FL		1.4 CITY - ST - ZIP	HUDSON, FloRIDA	34667
TITLE	DT	₹ DELETE	21 TITLE	7-1	Change Addition
NAME	NUGENT, ELEANOR		2.2 NAME		
STREET ADDRESS	7310 STATE ROAD 52		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP		
TITLE	V	XI DELETE	3 1 TITLE		Change Addition
NAME	NUGENT, THOMAS L.	-	3.2 NAME		
STREET ADDRESS	11103 SALT TREE LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. RICHEY FL		3.4. CITY-ST-ZIP		
TITLE		DELETE	41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITCE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELE1E	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ST. 7IP			CACITY OT 710		

14. I do 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 eath; 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.

CIGNATURE

La Tosta

John / Nugarity

411-94 (813)8/2-2245