

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 # P95000065456 (2)

1. Corporation Name

NANCY ALCHEDIAK & ASSOCIATES, INC.



Principal Place of Business

800 W. BRADDOCK STREET
TAMPA FL 33603

Mailing Address

800 W. BRADDOCK STREET
TAMPA FL 33603

3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

2. Principal Place of Business

21 3302 W. Palmira

Suite, Apt. #, etc.

22 Rear

City & State

23 Tampa, FL

Zip

24 33629

Country

25 USA

2a. Mailing Address

26 3302 W. Palmira

Suite, Apt. #, etc.

27 Rear

City & State

28 Tampa, FL

Zip

29 33629

Country

30 USA

4. FEI Number

59-3339010

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

10. Name and Address of New Registered Agent

ALCHEDIAK, NANCY
800 W. BRADDOCK STREET
TAMPA FL 33603

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3302 W. Palmira (Rear)

83

84 City

Tampa,

FL

85 Zip Code

33629

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ALCHEDIAK, NANCY
STREET ADDRESS 800 W. BRADDOCK STREET
CITY-ST-ZIP TAMPA FL 33603

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President & Treasurer

☒ Change

☐ Addition

1.2 NAME

Alchediak, Nancy

1.3 STREET ADDRESS

3302 W. Palmira (Rear)

1.4 CITY-ST-ZIP

Tampa, FL 33629

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Vice President

☐ Change

☒ Addition

3.2 NAME

Mann, Joan Ennis

3.3 STREET ADDRESS

800 W. Braddock Street

3.4 CITY-ST-ZIP

Tampa, FL 33603-5410

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Alchediak

4/25/96

Date

(813)835-6270

Daytime Phone

CR2E034 (12/95)