

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 170771

1. Corporation Name
NO-TRO, INC.

Principal Place of Business

P O BOX 128
OLD TOWN FL 32680
US

Mailing Address

P O BOX 128
OLD TOWN FL 32680
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90174 043 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1952

4. FEI Number

59-0682543

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SMITH SR, BONNIE I
315 34TH AVE SO
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

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

16 New Pine Landing

83

84 City Old Town

FL

85 Zip Code

32680

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 PD
NAME SMITH SR, BONNIE I
STREET ADDRESS 1546 OCEAN BLVD
CITY-ST-ZIP ATLANTIC BEACH FL 32233

☐ DELETE

TITLE VD
NAME SMITH JR, BONNIE I
STREET ADDRESS P O BOX 128 N/A
CITY-ST-ZIP OLD TOWN FL 32680

☐ DELETE

TITLE T
NAME SMITH JR, BONNIE I
STREET ADDRESS P O BOX 128 N/A
CITY-ST-ZIP OLD TOWN FL 32680

☐ DELETE

TITLE S
NAME SMITH, JUDITH L
STREET ADDRESS P O BOX 128 N/A
CITY-ST-ZIP OLD TOWN FL 32680

☐ 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

☒ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

16 New Pine Landing

1.4 CITY-ST-ZIP

Old Town, FL. 32680

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Judith L Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

352/542-2267

Daytime Phone #

CR2E034 (11/98)