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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 226407

(5)

1. Corporation Name

NEUKOM PROPERTIES, INC.

Principal Place of Business

FAIRVIEW HEIGHTS RD
ZEPHYRHILLS FL 33539
US

Mailing Address

PO BOX 1647
ZEPHYRHILLS FL 33539-1647
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

NEUKOM, ANN BROOKE

38444 5TH AVENUE (MAILING ADDRESS)

~~7045 GREENSLOPE DRIVE (OFFICE IN HOME)~~

ZEPHYRHILLS FL 33540

CHANGE OFFICE ADDRESS
ONLY

3. Date Incorporated or Qualified

07/29/1959

3a. Date of Last Report

01/24/1996

4. FEI Number

59-6058187

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

NEUKOM, ANN BROOKE

82 Street

38444 5th Avenue (Mailing Address)

83

36333 Fairview Heights Road (office
in home)

84 City

Zephyrhills

FL

85

Zip Code
33540

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

☐ DELETE

TITLE

PD

NAME

NEUKOM JR, GEORGE A

STREET ADDRESS

38444 5TH AVENUE

CITY-ST-ZIP

ZEPHYRHILLS FL

TITLE

STD

NAME

NEUKOM, ANN BROOKE

STREET ADDRESS

38444 5TH AVENUE

CITY-ST-ZIP

ZEPHYRHILLS FL

TITLE

STD

NAME

OAKLEY, TAMARA NEUKOM

STREET ADDRESS

PO BOX 4170 N/A

CITY-ST-ZIP

LAKE WALES FL

TITLE

VD

NAME

NEUKOM, GEORGE A., III

STREET ADDRESS

38444 5TH AVENUE

CITY-ST-ZIP

ZEPHYRHILLS FL

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

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TITLE

☐ DELETE

NAME

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STREET ADDRESS

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CITY-ST-ZIP

☐ DELETE

TITLE

☐ DELETE

NAME

☐ DELETE

STREET ADDRESS

☐ DELETE

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 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

January 22, 1997

812 782 2824

CR2E034 (9/96)