SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **248449** **(1)**

1. Corporation Name

BEN J. NORDMANN, INC.

FILED
95 JUL 14 AM 11:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1600 W. PLYMOUTH AVE. P. O. BOX 621 DELAND FL 32721-7621	1600 W. PLYMOUTH AVE. P. O. BOX 621 DELAND FL 32721-7621

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/15/1961	3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-0939464	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NORDMANN, WILLIAM J.
2360 SPRUCE PLACE
DELEON SPRINGS FL 32130

10. Name and Address of New Registered Agent

81 Name: Thomas E. Nordmann
82 Street Address (P.O. Box Number is Not Acceptable): 100 Scenic Magnolia Dr.
83
84 City: DeLand FL 85 Zip Code: 32720

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: Thomas E Nordmann Pres. DATE: 7/11/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President Director	☒ Change ☐ Addition
NAME	NORDMANN, W. J.	12 NAME	Thomas E. Nordmann	
STREET ADDRESS	2360 SPRUCE PLACE	13 STREET ADDRESS	100 Scenic Magnolia Dr.	
CITY-ST-ZIP	DELEON SPRINGS FL	14 CITY-ST-ZIP	DeLand, FL 32720	
TITLE	VD	21 TITLE	XXXXXXX Director	☒ Change ☐ Addition
NAME	FINLAYSON, JOHN M.	22 NAME		
STREET ADDRESS	465 S SPARKMAN AVE	23 STREET ADDRESS		
CITY-ST-ZIP	ORANGE CITY FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE	Secretary/Treasurer, DirX	☐ Change ☐ Addition
NAME	NORDMANN, THOMAS E.	32 NAME	Ruth E. Mruz	
STREET ADDRESS	100 MAGNOLIA DRIVE	33 STREET ADDRESS	2238 Ligustrum Rd,	
CITY-ST-ZIP	DELAND FL	34 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MRUZ, RUTH E.	42 NAME		
STREET ADDRESS	2238 LIGUSTRUM RD.	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	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		

CR2E034 (3/95)

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: Thomas E Nordmann Pres 7/11/95 904-734-4712
SIGNATURE AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR — Date — Daytime Phone #

0131709 FP