

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 # 248449

(1)

1. Corporation Name

BEN J. NORDMANN, INC.



Principal Place of Business

1800 W. PLYMOUTH AVE.
P. O. BOX 621
DELAND FL 32721-7621

Mailing Address

1800 W. PLYMOUTH AVE.
P. O. BOX 621
DELAND FL 32721-7621

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

NORDMANN, THOMAS E.
100 SCENIC MAGNOLIA DRIVE
DELAND FL 32720

3. Date Incorporated or Qualified

06/15/1961

3a. Date of Last Report

07/14/1995

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 or director (Block 12)

Name of Registered Agent or Director (Block 10)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

NORDMANN, THOMAS E.

STREET ADDRESS

100 SCENIC MAGNOLIA DRIVE

CITY - ST - ZIP

DELAND FL

TITLE

D

☐ DELETE

NAME

FINLAYSON, JOHN M.

STREET ADDRESS

465 S SPARKMAN AVE

CITY - ST - ZIP

ORANGE CITY FL

TITLE

ST

☐ DELETE

NAME

MRUZ, RUTH E.

STREET ADDRESS

22387 LIGUSTRUM ROAD

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

D

☐ DELETE

NAME

MRUZ, RUTH E.

STREET ADDRESS

2238 LIGUSTRUM RD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

Thomas E. Nordmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

904-734-4712

CR2E034 (12/95)