

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **248449** (1)
1. Corporation Name
BEN J. NORDMANN, INC.

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1961	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0939464	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NORDMANN, THOMAS E. 100 SCENIC MAGNOLIA DRIVE DELAND FL 32720				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORDMANN, THOMAS E.	1.2 ME	
STREET ADDRESS	100 SCENIC MAGNOLIA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINLAYSON, JOHN M.	2.2 ME	
STREET ADDRESS	465 S SPARKMAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRUZ, RUTH E.	3.2 ME	
STREET ADDRESS	22387 LIGUSTRUM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MRUZ, RUTH E.	4.2 ME	
STREET ADDRESS	2238 LIGUSTRUM RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 ME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 LE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 ME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 as 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 its report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Thomas E. Nordmann* 1/7/98 904-734-4717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068352

CR2E034 (10/97)