

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

**FILED**

**Feb 14 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 # 262502 (8)**  
1. Corporation Name  
**NITRAM, INC.**



Principal Place of Business  
**5321 HARTFORD STREET  
PO BOX 2968  
TAMPA FL 33601**

Mailing Address  
**5321 HARTFORD STREET  
PO BOX 2968  
TAMPA FL 33601-2868**

3. Date Incorporated or Qualified **09/10/1962** 3a. Date of Last Report **02/13/1996**  
4. FEI Number **59-0996364** 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 Suite, Apt. #, etc 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**KERR, DAVID C.G., ESQ.  
111 EAST MADISON STREET  
TAMPA FL 33601**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PCD                     | <input type="checkbox"/> DELETE |
| NAME           | HARRIS, JOHN F          |                                 |
| STREET ADDRESS | STATE RD 35-AL          |                                 |
| CITY-ST-ZIP    | DADE CITY FL            |                                 |
| TITLE          | ST                      | <input type="checkbox"/> DELETE |
| NAME           | SCHLINDWEIN, P E        |                                 |
| STREET ADDRESS | 5321 HARTFORD ST        |                                 |
| CITY-ST-ZIP    | TAMPA, FL 0             |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | BRANCH, GREG            |                                 |
| STREET ADDRESS | 335 N. E. WATULA AVENUE |                                 |
| CITY-ST-ZIP    | OCALA FL                |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | WEBB, DON               |                                 |
| STREET ADDRESS | 312 N BUENA VISTA DRIVE |                                 |
| CITY-ST-ZIP    | LAKE ALFRED FL          |                                 |
| TITLE          | VD                      | <input type="checkbox"/> DELETE |
| NAME           | DAVIS, EDGAR            |                                 |
| STREET ADDRESS | WILL DUKE RD            |                                 |
| CITY-ST-ZIP    | WAUCHULA FL             |                                 |
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | TUNNO, W C              |                                 |
| STREET ADDRESS | 1010 CITRUS             |                                 |
| CITY-ST-ZIP    | HAINES CITY FL          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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, on an attachment to this report.

SIGNATURE: *John F Harris* **1/30/97** **813-626-2181**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)