

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 267578 (3)
1. Corporation Name
NO-VAK INC

Principal Place of Business

11921 PLANTATION RD
FT MYERS FL 33912

Mailing Address

11921 PLANTATION RD
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1963

4. FEI Number

59-1010151

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 11525 CLEVELAND AVE

2a. Mailing Address

26 11525 CLEVELAND AVE

Suite, Apt. #, etc.

22 SUITE # 7

Suite, Apt. #, etc.

27 SUITE # 7

City & State

23 FORT MYERS, FL

City & State

28 FORT MYERS, FL

Zip

24 33907

Country

25 Lee

Zip

29 33907

Country

30 Lee

9. Name and Address of Current Registered Agent

BONEY, TERESA L.
11921 PLANTATION ROAD
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

BONEY, TERESA L

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

11525 CLEVELAND AVE

83

SUITE # 7

84

City FT MYERS, FL

85

Zip Code 33907

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

TITLE P
NAME BONEY, TERESA
STREET ADDRESS 8118 VALENCIA ROAD
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE ST
NAME WALKER, BABI
STREET ADDRESS 10405 SW 80TH STREET
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE V
NAME BONEY, LAWRENCE
STREET ADDRESS 8118 VALENCIA RD
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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:

Teresa L. Boney

1/23/98 (941) 939-5901

CR2E034 (10/97)