

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 280137 (1)

1. Corporation Name
NISBETS INC



Principal Place of Business

490 PEACHTREE STREET
COCOA FL 32922

Mailing Address

P OBOX 177
COCOA FL 32923-0177
US

3. Date Incorporated or Qualified
04/06/1964

3a. Date of Last Report
06/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1039785

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

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8. This corporation has liability or intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNHART, W. L.
490 PEACHTREE ST.
COCOA FL 32922

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 in the applicable

(Print) Registered Agent Signature required when not signing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD
NAME LAWRENCE, SUE NIGHET
STREET ADDRESS 675 SOUTH TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 00000 ☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
Change ☒ Addition ☐
Lawrence, Sue Nisbet
32952

TITLE D
NAME BARNHART, SARA N
STREET ADDRESS 1265 LESLIE DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 00000 ☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Change ☒ Addition ☐
32952

TITLE VD
NAME QUENZLER, CLAIR N
STREET ADDRESS 977 S TROPICAL TRAIL
CITY-ST-ZIP MERRITT ISLAND, FL 00000 ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Change ☒ Addition ☐
32952

TITLE PD
NAME BARNHART, LEE
STREET ADDRESS 1265 LESLIE DRIVE
CITY-ST-ZIP MERRITT ISLAND, FL 00000 ☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
Change ☒ Addition ☐
32952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone

CR2E034 (12/95)