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Apr 22 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 # **320564** (8)

1. Corporation Name:  
**NUTEK INC**

Principal Place of Business

**225 BRENT LANE  
P. O. BOX 17547  
PENSACOLA FL 32522**

Mailing Address

**225 BRENT LANE  
P. O. BOX 17547  
PENSACOLA FL 32522-7547**



3. Date Incorporated or Qualified **08/31/1967** 3a. Date of Last Report **03/04/1996**

4. FEI Number **59-1172316** 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**TAYLOR, J L  
2647 VENETIAN WAY  
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

81 Name **Vincent Paul Richardson**  
82 Street Address (P.O. Box Number is Not Acceptable) **225 Brent Lane**  
83  
84 City **Pensacola** **FL** 85 Zip Code **32503**

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 **Vincent Paul Richardson** DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, JAMES R</b>		1.2 NAME	<b>Vincent Paul Richardson</b>	
STREET ADDRESS	<b>1657 EAST CROSS ST.</b>		1.3 STREET ADDRESS	<b>225 Brent Lane</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>		1.4 CITY - ST - ZIP	<b>Pensacola FL 32503</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DREIFUS, R O</b>		2.2 NAME	<b>Charles K Conner</b>	
STREET ADDRESS	<b>8892 SCENIC HILLS DRIVE</b>		2.3 STREET ADDRESS	<b>225 Brent Lane</b>	
CITY - ST - ZIP	<b>PENSACOLA FL</b>		2.4 CITY - ST - ZIP	<b>Pensacola FL 32503</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>Chief Financial Officer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, J L</b>		3.2 NAME	<b>Debbie Kendrick</b>	
STREET ADDRESS	<b>2647 VENETIAN WAY</b>		3.3 STREET ADDRESS	<b>225 Brent Lane</b>	
CITY - ST - ZIP	<b>GULF BREEZE FL</b>		3.4 CITY - ST - ZIP	<b>Pensacola FL 32503</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			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, or on an attachment with an address.

SIGNATURE: **Vincent Paul Richardson** 4/15/97 904 478 1793  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)