**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **344457** **(7)**

1. Corporation Name
**NOVA SALES INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 737 S MISSOURI AVE<br>LAKELAND FL 33801<br>US | 737 S MISSOURI AVE<br>LAKELAND FL 33801<br>US |

3. Date Incorporated or Qualified: **04/14/1969**
3a. Date of Last Report: **08/15/1995**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc<br>22 | Suite, Apt. #, etc<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: **59-1237060** ☐ 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

9. Name and Address of Current Registered Agent

**LIGORI, JOE A.**
**1305 BROOKER RD.**
**BRANDON FL 33511**

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's signature required when changed) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | M | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | ROWAN, MICHAEL | | 12 NAME | | |
| STREET ADDRESS | 208 PALMOLA ST | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FLORIDA 00000 | | 14 CITY-ST-ZIP | | |
| TITLE | CD | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | GRAHAM, JOHN T. | | 22 NAME | | |
| STREET ADDRESS | 214 BARRY COURT | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | LONGWOOD FL | | 24 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | SAJOVETZ, R R | | 32 NAME | | |
| STREET ADDRESS | 13323 GOLF CREST CIRCLE | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA, FLORIDA 00000 | | 34 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | BRYANT, A C | | 42 NAME | | |
| STREET ADDRESS | 4425 MT VIEW DRIVE | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND, FLORIDA 00000 | | 44 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | LIGORI, J.A. | | 52 NAME | | |
| STREET ADDRESS | 1305 BROOKER ROAD | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON FL | | 54 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | BROWN LEE, VERNON | | 62 NAME | | |
| STREET ADDRESS | 5322 DORMAN RD | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 64 CITY-ST-ZIP | | |

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Alex C Bryant Alex C. Bryant 8-1-96 941-683-5764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #