

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

**APPROVED
AND
FILED**

95 MAY -1 PM 5:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 459337

(2)

1. Corporation Name:

NORSCO INVESTMENTS, INC.

Principal Place of Business

**4001 7TH TERRACE S.
ST PETERSBURG FL 33711
US**

Mailing Address

**10099 PARADISE BLVD.
TREASURE ISLAND FL 33706
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1974

3a. Date of Last Report

04/19/1994

4. FEI Number

59-1542799

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**

6. This corporation has elected to incorporate under the
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

County

9. Name and Address of Current Registered Agent

**GARBUTT, GEORGE W.
10099 PARADISE BOULEVARD
TREASURE ISLAND FL 33706**

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

Signature of officer or director, registered agent, or the filer.

Signature of Registered Agent (Signature required after 1/1/95)

Date

12. OFFICERS AND DIRECTORS

1. TITLE

S

NAME

**TUSHAUS, NADINE
9425 BLIND PASS RD
ST PETERSBURG BCH FL**

STREET ADDRESS

CITY, ST, ZIP

2. TITLE

PT

NAME

**GARBUTT, GEORGE W
10099 PARADISE BLVD
TREASURE ISLAND, FL 33706**

STREET ADDRESS

CITY, ST, ZIP

3. TITLE

V

NAME

**GARBUTT, JOAN
10099 PARADISE BLVD.
TREASURE ISLAND FL**

STREET ADDRESS

CITY, ST, ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

S

2. NAME

**KATHERINE - RITTER - GARBUTT
10099 - PARADISE BLVD
TREASURE ISLAND FLA - 33706**

3. STREET ADDRESS

CITY, ST, ZIP

4. TITLE

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

3. NAME

4. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

7. TITLE

5. NAME

6. STREET ADDRESS

7. CITY, ST, ZIP

8. TITLE

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. TITLE

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

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******200.00 ****200.00**

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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)(a), 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE W GARBUTT

4/30/95 8B-321-8200