

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:43

DOCUMENT # **493363** (6)  
1. Corporation Name  
**NMF OF WESTERN FLORIDA, INC.**

Principal Place of Business Mailing Address  
**402 POINCIANA DR. (32561)** **402 POINCIANA DR. (32561)**  
**P.O. BOX 1405** **P.O. BOX 1405**  
**GULF BREEZE FL 32562-1612** **GULF BREEZE FL 32562**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/31/1975</b>	3a. Date of Last Report <b>06/14/1994</b>
4. FEI Number <b>31-0882268</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Florida Campaign Finance Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> Min. Fee Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**SEDLACK, ROBERT J.**  
**402 POINCIANA DR.**  
**GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Speed or printed name of registered agent and the Corporation. If not Registered Agent, sign and print name of authorized representative.)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>PO</b> <b>SEDLACK, ROBERT J.</b> <b>402 POINCIANA DR.</b> <b>GULF BREEZE FL</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VSD</b> <b>SEDLACK, LILLIAN E.</b> <b>402 POINCIANA DR.</b> <b>GULF BREEZE FL</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.001	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.002	
13.003	
13.004	
13.005	
13.006	
13.007	
13.008	
13.009	
13.010	
13.011	
13.012	
13.013	
13.014	
13.015	
13.016	
13.017	
13.018	
13.019	
13.020	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Chapter 111, 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 this corporation or the person or persons empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT J. SEDLACK**

**2/25/95** **924-932-4597**