

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05/01/1994 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **610042** (4)

1. Corporation Name:

NILANDS BAR & PACKAGE INC.

Principal Place of Business:

**1015 S HWY 17-92
LONGWOOD FL 32750**

Mailing Address:

**1015 S HWY 17-92
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/15/1979	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1888575	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 is subject to audit under Chapter 62, Florida Statutes. ☐ Yes ☒ No	

2. Principal Place of Business:	2a. Mailing Address:
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

**KOLLAR, DORIS E
1015 S HWY 17-92
CASSELBERRY, FL
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607, 608, and 609, 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 a person with and accept the obligations of Section 609, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICE REGISTRATION	
NAME	PD KOLLAR, DORIS 1015 S HWY 17-92 LONGWOOD FL	1. NAME	☐ Change ☐ Addition
1. NAME		2. STREET ADDRESS	
2. STREET ADDRESS		3. CITY & STATE	
3. CITY & STATE		4. NAME	☐ Change ☐ Addition
4. NAME		5. STREET ADDRESS	
5. STREET ADDRESS		6. CITY & STATE	
6. CITY & STATE		7. NAME	☐ Change ☐ Addition
7. NAME		8. STREET ADDRESS	
8. STREET ADDRESS		9. CITY & STATE	
9. CITY & STATE		10. NAME	☐ Change ☐ Addition
10. NAME		11. STREET ADDRESS	
11. STREET ADDRESS		12. CITY & STATE	
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13. NAME		14. STREET ADDRESS	
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15. CITY & STATE		16. NAME	☐ Change ☐ Addition
16. NAME		17. STREET ADDRESS	
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79. NAME		80. STREET ADDRESS	
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90. CITY & STATE		91. NAME	☐ Change ☐ Addition
91. NAME		92. STREET ADDRESS	
92. STREET ADDRESS		93. CITY & STATE	
93. CITY & STATE		94. NAME	☐ Change ☐ Addition
94. NAME		95. STREET ADDRESS	
95. STREET ADDRESS		96. CITY & STATE	
96. CITY & STATE		97. NAME	☐ Change ☐ Addition
97. NAME		98. STREET ADDRESS	
98. STREET ADDRESS		99. CITY & STATE	
99. CITY & STATE		100. NAME	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 609, 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 receiver or trustee empowered to execute this report as required by Chapter 62, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris E. Kollar

5-2-95