

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90212 037 \*\*\*150.00

DOCUMENT # 649933

1. Corporation Name  
NORDYKE OFFICE MACHINES, INC.

Principal Place of Business

3911 N.W. 13TH STREET  
A  
GAINESVILLE FL 32609  
US

Mailing Address

3911 N.W. 13TH STREET  
SUITE A  
GAINESVILLE FL 32609  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1979

4. FEI Number

59-1943337

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

RERRA, RAYMOND L. II  
3911 NW 13TH STREET, STE. A  
GAINESVILLE FL 32609

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 607.0503 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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME RERRA, RAYMOND L. II  
STREET ADDRESS 906 NW 42ND AVE  
CITY-ST-ZIP GAINESVILLE, FL 0

TITLE V ☐ DELETE  
NAME SCHWINDLER, FRANCIS  
STREET ADDRESS 2713 NW 63RD PL  
CITY-ST-ZIP GAINESVILLE, FL 0

TITLE ST ☐ DELETE  
NAME SECRIST, NANCY L  
STREET ADDRESS 3902 NW 156TH AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME RERRA, RAYMOND L. II  
1.3 STREET ADDRESS 3911 NW 13TH STREET, STE. A  
1.4 CITY-ST-ZIP GAINESVILLE, FL 32609

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME SCHWINDLER, FRANCIS  
2.3 STREET ADDRESS 3911 NW 13TH STREET, STE. A  
2.4 CITY-ST-ZIP GAINESVILLE, FL 32609

3.1 TITLE ST ☒ Change ☐ Addition  
3.2 NAME SECRIST, NANCY L  
3.3 STREET ADDRESS 3911 NW 13TH STREET, STE. A  
3.4 CITY-ST-ZIP GAINESVILLE, FL 32609

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99 352-377-5817

0063327

CR2E034 (11/98)