

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

DOCUMENT # 671077

1. Corporation Name
NRT CORPORATION

Principal Place of Business
102 TECHNOLOGY WAY
HAVANA FL 32333

Mailing Address
102 TECHNOLOGY WAY
HAVANA FL 32333

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90164 016 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/23/1980

4. FEI Number

59-2244229

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELDRED, CHRISTOPHER Q.T.
102 TECHNOLOGY WAY
HAVANA FL 32333

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME ELDRED, CHRISTOPHER Q.T.
STREET ADDRESS 102 TECHNOLOGY WAY
CITY-ST-ZIP HAVANA FL

TITLE STD
NAME PIKE, GAIL M
STREET ADDRESS 884. MADERIA CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE D
NAME MCBRIDE, BLAN
STREET ADDRESS 609 PIEDMONT DR
CITY-ST-ZIP TALLAHASSEE FL 32312

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE S,T
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE V,D
4.2 NAME DAVID C. ANDERSON
4.3 STREET ADDRESS 11714 BLACKBOB ROAD
4.4 CITY-ST-ZIP OLATHE, KS 66062

5.1 TITLE D,S (ASST. SECRETARY)
5.2 NAME WILLIAM B. LICHY
5.3 STREET ADDRESS 11714 BLACKBOB ROAD
5.4 CITY-ST-ZIP OLATHE, KS 66062

6.1 TITLE D
6.2 NAME JOHN M. BYRNE, JR.
6.3 STREET ADDRESS 325 N. STATE STREET
6.4 CITY-ST-ZIP GARNER, IA 50438

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: CHRISTOPHER Q.T. ELDRED

Date

4/16/99

Daytime Phone #

(850) 539-0133

CR2E034 (11/98)