

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 672855 (4)

1. Corporation Name

IAN-CONRAD BERGAN, INC.



Principal Place of Business

Mailing Address

3409 GULF BREEZE PKWY
GULF BREEZE FL 32561-4462

3409 GULF BREEZE PKWY
GULF BREEZE FL 32561-4462

3. Date Incorporated or Qualified
06/09/1980

3a. Date of Last Report
12/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2020151

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 has liability for intangible tax under s. 190.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGAN, IAN-CONRAD
953 AQUA MARINE DRIVE
GULF BREEZE FL 33561

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 (type or print name of officer or director and block capitals)

(NOTE: Registered Agent's signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BERGAN, IAN-CONRAD	
STREET ADDRESS	953 AQUA MARINE DR	
CITY-ST-ZIP	GULF BREEZE 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	32561
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	Bergan, Christian
2.3 STREET ADDRESS	974 Grand Canal St.
2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	Bergan, Knut R
3.3 STREET ADDRESS	974 Grand Canal St
3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	Bergan, Berit
4.3 STREET ADDRESS	953 Aqua Marine Dr.
4.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
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 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/96

904-932-9388

CR2E034 (3/96)