

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **713763** (1)

1. Corporation Name  
**NAPM - FLORIDA INC.**

95 MAY 16 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**4517 ORANGEWOOD LOOP, WEST  
POST OFFICE BOX 8223  
LAKELAND FL 33813  
US** **734 KENSINGTON STREET  
P.O. BOX 8223  
LAKELAND FL 33803  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/08/1967</b>	3a. Date of Last Report <b>08/25/1994</b>
4. FEI Number <b>23-7274901</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$0.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under 5, 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**TOADVINE, JACK  
1311 SOUTHGLEN LANE  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name	<b>KLUG, PAULA</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>804 Waters Oaks Drive S.W.</b>
83	
84 City	<b>Winter Haven FL</b>
85 Zip Code	<b>33880</b>

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 *Paula R. Klug* DATE 5-10-95  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>
NAME	<b>KLUG, PAULA</b>
STREET ADDRESS	<b>804 WATER OAKS DRIVE, SOUTHWEST</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>V</b>
NAME	<b>KEITH, PRISCILLA</b>
STREET ADDRESS	<b>1444 NORTH MONTROSE AVENUE</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b>
NAME	<b>SPOONER, GREGORY</b>
STREET ADDRESS	<b>1114 SHADOW WOOD COURT</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>S</b>
NAME	<b>NICHOLS, PAT</b>
STREET ADDRESS	<b>734 KENSINGTON STREET</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>T</b>
NAME	<b>WOLSKI, DOTTY</b>
STREET ADDRESS	<b>4517 ORANGEWOOD LOOP WEST</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b>
NAME	<b>WHITE, LISA</b>
STREET ADDRESS	<b>4419 ORANGEWOOD LOOP EAST</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>WHITE, LISA</b>
13 STREET ADDRESS	<b>4419 ORANGEWOOD LOOP EAST</b>
14 CITY-ST-ZIP	<b>LAKELAND FL 33813</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>TOADVINE, JACK</b>
33 STREET ADDRESS	<b>1311 SOUTHGLEN LANE</b>
34 CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<b>33803</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<b>33813</b>
61 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>PRINCE, CONNIE</b>
63 STREET ADDRESS	<b>1970 HIGH VISTA DRIVE</b>
64 CITY-ST-ZIP	<b>LAKELAND FL 33813</b>

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 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Pat Nichols* Pat Nichols DATE 5-8-95 813.665-5601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Phone Number)