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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 713763

1. Corporation Name

NAPM - FLORIDA INC.

3 2 5 6 3 8 *
 325638 - 90061 - 32

Principal Place of Business

1311 SOUTHGLEN LANE
 LAKELAND FL 33813
 US

Mailing Address

PO BOX 8223
 LAKELAND FL 33803
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/08/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7274901

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

33802-8223

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOADVINE, JACK
 1311 SOUTHGLEN LANE
 LAKELAND FL 33813

81 Name

KEITH, PRISCILLA

82 Street Address (P.O. Box Number is Not Acceptable)

1444 North Montrose Avenue

83

84 City

Lakeland

FL

85 Zip Code
 33805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Priscilla M. Keith

Priscilla Keith

4-9-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME VD
 WOLSKI, DOTY
 STREET ADDRESS 4517 ORANGEWOOD LOOP W
 CITY-ST-ZIP LAKELAND FL

1.1 TITLE Change Addition
 1.2 NAME TOADVINE, JACK
 1.3 STREET ADDRESS 1311 SOUTHGLEN LANE
 1.4 CITY-ST-ZIP LAKELAND FL 33813

TITLE DELETE
 NAME V
 KEITH, PRISCILLA
 STREET ADDRESS 1444 NORTH MONTROSE AVENUE
 CITY-ST-ZIP LAKELAND FL

2.1 TITLE Change Addition
 2.2 NAME KIDD, SHARON
 2.3 STREET ADDRESS 6015 RUSSO ROAD
 2.4 CITY-ST-ZIP BARTOW FL 33830

TITLE DELETE
 NAME D
 KLUG, PAULA
 STREET ADDRESS 804 WATERS OAK DR
 CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE DELETE
 NAME S
 NICHOLS, PAT
 STREET ADDRESS 1305 SUNSET AVE
 CITY-ST-ZIP LAKELAND FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP 333801-6544

TITLE DELETE
 NAME T
 PERRY, BOBBI J
 STREET ADDRESS 5223 ST LUCIA DR
 CITY-ST-ZIP LAKELAND FL

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

TITLE DELETE
 NAME D
 WELCOME, SHERRY
 STREET ADDRESS 5210 GREENBRIAR
 CITY-ST-ZIP LAKELAND FL 33809

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 617, 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:

Patricia Nichols
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-99 941665-5601
 DATE Daytime Phone #

CR2E037-(11/98)