

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90074 016 ****61.25

DOCUMENT # 713763

1. Entity Name

NAPM - FLORIDA INC.

Principal Place of Business

1311 SOUTHGLEN LANE
 LAKELAND FL 33813
 US

Mailing Address

PO BOX 8223
 LAKELAND FL 33802-8223
 US

2. Principal Place of Business

1444 N. Montrose

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

4. FEI Number

23-7274901

Applied For

Not Applicable

Zip

33805

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KEITH, PRISCILLA
 1444 NORTH MONTROSE AVENUE
 LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Priscilla Keith

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

(NOTE: Registered Agent signature required when reinstating)

4-17-00

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	TOADVINE, JACK	XX
STREET ADDRESS	1311 SOUTHGLEN LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KIDD, SHARON	XX
STREET ADDRESS	6051 RUSSO ROAD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	KLUG, PAULA	
STREET ADDRESS	804 WATERS OAK DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	S	<input type="checkbox"/> Delete
NAME	NICHOLS, PAT	
STREET ADDRESS	1305 SUNSET AVE	
CITY-ST-ZIP	LAKELAND FL 33801-6544	
TITLE	T	<input type="checkbox"/> Delete
NAME	PERRY, BOBBI J	
STREET ADDRESS	5223 ST LUCIA DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELCOME, SHERRY	XX
STREET ADDRESS	5210 GREENBRIAR	
CITY-ST-ZIP	LAKELAND FL 33809	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Daher, George		
STREET ADDRESS	2741 Taylor Rd		
CITY-ST-ZIP	Winter Haven FL 33880		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Hartsfield, Rex		
STREET ADDRESS	333 Avenue "M"		
CITY-ST-ZIP	Winter Haven FL 33880		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Klug, Paula		
STREET ADDRESS	804 Waters Oak Dr		
CITY-ST-ZIP	Winter Haven FL 33880		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

Pat Nichols

Date

Daytime Phone #

863 665-5601

CR20037 (9/99)