

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

95 MAR -2 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759726 (3)

1. Corporation Name

THE NATIONAL TWENTY AND FOUR, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1981

3a. Date of Last Report

02/07/1994

4. FEI Number

366147454

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

GAY, FRANCES T.
414 WINTERS ST.
W. PALM BEACH FL 33405

10. Name and Address of New Registered Agent

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	PD=
NAME	PALMQUIST, PATSY L =
STREET ADDRESS	P.O. BOX 164 N/A =
CITY - ST - ZIP	DEVINE, TX =
TITLE	VD=
NAME	VIRGIL, KIM
STREET ADDRESS	6301 HAYES ST =
CITY - ST - ZIP	HOLLYWOOD, FL =
TITLE	SD=
NAME	SNYDER, JANETTE D =
STREET ADDRESS	214 W WALNUT ST =
CITY - ST - ZIP	MORRISON, WI =
TITLE	TD
NAME	SMITH, ELIZABETH R
STREET ADDRESS	414 WINTERS ST
CITY - ST - ZIP	W PALM BCH FL
TITLE	PPD=
NAME	KREIN, MARIE W =
STREET ADDRESS	105 BROADWAY =
CITY - ST - ZIP	HOOVER, VA =
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	KIM VIRGIL	
1.3 STREET ADDRESS	6301 HAYES ST.	
1.4 CITY - ST - ZIP	HOLLYWOOD, FL 33081	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	VALEDDE WILSON	
2.3 STREET ADDRESS	1509 EMILIE ST.	
2.4 CITY - ST - ZIP	GREEN BAY, WI 54301	
3.1 TITLE	SD	☒ Change ☐ Addition
3.2 NAME	MARION MARTIN	
3.3 STREET ADDRESS	4713 N. 53rd ST.	
3.4 CITY - ST - ZIP	MILWAUKEE, WI 53218	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	PPD	☒ Change ☐ Addition
5.2 NAME	PATSY L. PALMQUIST	
5.3 STREET ADDRESS	P. O. BOX 164 NA	
5.4 CITY - ST - ZIP	DEVINE, TX 78016	
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 recorder 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: *Elizabeth R. Smith* Elizabeth R. Smith

2/27/95 407-588-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)