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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:22

DOCUMENT # **761223** **(7)**

1. Corporation Name
NEW PORT RICHEY ELKETTES, INC.

Principal Place of Business	Mailing Address
7201 CONGRESS STREET P.O. BOX 492 NEW PORT RICHEY FL 34653-1835	7201 CONGRESS STREET P.O. BOX 492 NEW PORT RICHEY FL 34653-1835

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/28/1981**
3a. Date of Last Report: **06/21/1994**
4. FEI Number: **59-2152982** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZIEGLER, DONNA J.
6421 PONDER DRIVE
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: KUDLA JOANNA M.
82 Street Address (P.O. Box Number is Not Acceptable): 3631 LINKWOOD
83 City: NEW PORT RICHEY, 84 FL 85 Zip Code: 34652

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: joanna m. kudla P Apr 19, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition P
NAME	ZIEGLER, DONNA J.	12 NAME	
STREET ADDRESS	6421 PONDER DRIVE	13 STREET ADDRESS	KUDLA JOANNA M. 3631 LINKWOOD
CITY-ST-ZIP	PORT RICHEY FL	14 CITY-ST-ZIP	NEW PORT RICHEY, FL.
TITLE	S	21 TITLE	☐ Change ☐ Addition SD
NAME	BAKER, MAJORIE	22 NAME	BAKER MAJORIE
STREET ADDRESS	1016 BEGONIA	23 STREET ADDRESS	1016 BEGONIA DR.
CITY-ST-ZIP	HOLIDAY FL	24 CITY-ST-ZIP	HOLIDAY, FL. 34691
TITLE	VD	31 TITLE	☐ Change ☐ Addition VD
NAME	CLAROS, RACHEL	32 NAME	HARRIS JEANNE
STREET ADDRESS	4511 GLEN HOLLOW	33 STREET ADDRESS	7341 INGLESIDE DR.
CITY-ST-ZIP	NEW PROT RICHEY FL	34 CITY-ST-ZIP	PORT RICHEY, FL. 34688
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HARRIS, JEANNE	42 NAME	
STREET ADDRESS	7341 INGLESIDE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☒ Change ☐ Addition VPT
NAME	KUDLA, JOANNA M.	52 NAME	van buren shirley
STREET ADDRESS	3631 LINKWOOD	53 STREET ADDRESS	7039WHITTINGTON CT
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	NEW PORT RICHEY, FL.
TITLE		61 TITLE	☐ Addition T
NAME		62 NAME	BUSHONF DOROTHY
STREET ADDRESS		63 STREET ADDRESS	6020 ARBORETUM WAY
CITY-ST-ZIP		64 CITY-ST-ZIP	NEW PORT RICHEY, FL.

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JOANNA M. KUDLA Apr 19, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0067441