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Mar 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F45576** (8)  
1. Corporation Name  
**NGB, INC.**

Principal Place of Business  
**8005 S.W. 42ND TERR  
GAINESVILLE FL 32608**

Mailing Address  
**8005 S.W. 42ND TERR  
GAINESVILLE FL 32608**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/14/1981</b>	
21 Suite, Apt. #, etc	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc	26 City & State
27 Zip	28 Country	29 Suite, Apt. #, etc	30 City & State	31 Zip	32 Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**SEXTON, LINDA  
4432 NW 23RD AVE STE 3  
GAINESVILLE FL 32608**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	ANCHORS, M., GARNER B.	1.2 NAME	
STREET ADDRESS	S.R. 21	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	STUMP, PATRICIA A	2.2 NAME	
STREET ADDRESS	8005 S.W. 42ND TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia A. Stump* (PATRICIA A. STUMP) 2/28/98 352 378-9111

CF2E034 (10/97)