FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -7 PM 4:25
[illegible]

DOCUMENT # F94000000720 (2)

1. Corporation Name
NATIONAL DIVERSIFIED SALES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
~~BOX 6038~~ ~~CAMARILLO CA 93011-6038~~	~~BOX 6038~~ Same ~~CAMARILLO CA 93011-6038~~

3. Date Incorporated or Qualified: 02/15/1994
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24 | 25 | 29

2a. Mailing Address
pt. #, etc.
tate
Country
30

New Address!!
851 N. Harvard Ave.
P.O. Box 339
Lindsay, CA 93247
(209) 562-9888 fax (209) 562-4488

4. FEI Number: 95-3332340
☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WELTY INC.
13360 CHAMBORG
BROOKVILLE FL

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPS	1.1 TITLE	☒ Change ☐ Addition
NAME	BABCOCK, ROBERT S	1.2 NAME	
STREET ADDRESS	~~3001 MISSION OAKS BLVD~~	1.3 STREET ADDRESS	851 N. Harvard Ave.
CITY-ST-ZIP	~~CAMARILLO CA~~	1.4 CITY-ST-ZIP	Lindsay, CA 93247
TITLE	~~D~~	2.1 TITLE	☐ Change ☐ Addition
NAME	~~VAN NOY, LAWRENCE~~ Termed 1/16/95	2.2 NAME	
STREET ADDRESS	~~3001 MISSION OAKS BLVD~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~CAMARILLO CA~~	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BERNACCHI, BERNARD	3.2 NAME	
STREET ADDRESS	405 ESPLANADE DR, SUITE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	OXNARD CA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	FALLON, MICHAEL T	4.2 NAME	
STREET ADDRESS	~~3001 MISSION OAKS BLVD~~	4.3 STREET ADDRESS	851 N. Harvard Ave
CITY-ST-ZIP	~~CAMARILLO CA~~	4.4 CITY-ST-ZIP	Lindsay, CA 93247
TITLE	T	5.1 TITLE	☒ Change ☐ Addition
NAME	PALLADINO, K. SCOTT	5.2 NAME	
STREET ADDRESS	~~3001 MISSION OAKS BLVD~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~CAMARILLO CA~~	5.4 CITY-ST-ZIP	
TITLE	~~V~~	6.1 TITLE	V ☐ Change ☒ Addition
NAME		6.2 NAME	Jim Petrie
STREET ADDRESS		6.3 STREET ADDRESS	851 N. Harvard Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lindsay, CA 93247

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)(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: Scott Palladino Scott Palladino 1/30/95 (209) 562-9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040162 FN