

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90154 022 \*\*\*150.00

DOCUMENT # F97000006033

1. Corporation Name  
N'DUSTRIES, INC.

Principal Place of Business  
4213 MARINER BLVD. STE-172  
SPRING HILL FL 34609

Mailing Address  
15272 CENTRALIA RD.  
BROOKSVILLE FL 34614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/14/1997

4. FEI Number  
59-3474817

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 8726 Pisa Drive

2a. Mailing Address  
26 8726 Pisa Drive

Suite, Apt. #, etc.  
22 # 716

Suite, Apt. #, etc.  
27 # 716

City & State  
23 Orlando, FL

City & State  
28 Orlando, FL

Zip  
24 32810

Country  
29 Orange

Country  
25 Orange

Country  
30 Orange

9. Name and Address of Current Registered Agent

NEIGHBORS, A. DENISE  
4213 MARINER BLVD. #172  
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name

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

8726 Pisa Drive # 716

83

84 City

Orlando

FL

85 Zip Code  
32810

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 VS  
NAME NEIGHBORS, A. DENISE  
STREET ADDRESS 15272 CENTRALIA RD.  
CITY-ST-ZIP BROOKSVILLE FL 34614

TITLE PD  
NAME NORTON, CHARLES  
STREET ADDRESS 4213 MARINER BLVD #172  
CITY-ST-ZIP SPRING HILL FL 34609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 8726 Pisa Drive # 716  
1.4 CITY-ST-ZIP Orlando FL 32810

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 5704 Byrd Lane  
2.4 CITY-ST-ZIP Taylor Georgia 31641

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: Charles K. Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 7, 1999

Date

912-242-0678

Daytime Phone #

CR2E034 (11/98)