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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 MAR 16 AM 10:45

DOCUMENT # G31591 (2)

1. Corporation Name
NATIONAL FINANCIAL PLANNING, INC.

Principal Place of Business
P O BOX 20845
TAMPA FL 33622
address change (below)

Mailing Address
[redacted]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1983
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21 4935 Turtle Creek Tr
22 Suite, Apt. #, etc.
23 City & State: Oldsmar, Florida
24 Zip: 34677 25 Country: U.SA

2a. Mailing Address
26 ← SAME
27 Suite, Apt. #, etc. ← SAME
28 City & State ← SAME
29 Zip ← SAME 30 Country: USA

4. FEI Number: 59-1874421 ☐ 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

KANE, HERBERT G
4935 TURTLE CREEK TRAIL
OLDSMAR FL 34677

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 Herbert G KANE Herbert G Kane 3/12/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KANE, HERBERT G. 75 KELLEYS TRAIL OLDSMAR FL address change	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	[redacted] ☒ Change ☐ Addition of address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KANE, BARBARA A. 75 KELLEYS TRAIL OLDSMAR FL address change	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	[redacted] ☒ Change ☐ Addition of address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HALL, MICHAEL T. 75 KELLEYS TRAIL OLDSMAR FL address change	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S.D. HALL, MICHAEL T 4935 TURTLE CR. TR. Oldsmar, FL. 34677 ☒ Change ☐ Addition of Address
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Herbert G KANE Herbert G Kane 3/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

813 - 781-6430
Daytime Phone #

0443621 FP