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

APPROVED AND FILED
95 MAY -1 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H19867 (1)

1. Corporation Name
NORDLIE - TAMPA BAY, INC.

Principal Place of Business	Mailing Address
~~1421 MASSARO BLVD~~	~~1421 MASSARO BLVD.~~
~~P.O. BOX 998~~	~~P.O. BOX 998~~
~~BRANDON FL 33509-7998~~	~~BRANDON FL 33509-7998~~
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1207 MARIE ST.	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. BOX 998
City & State 23 TAMPA, FLORIDA	City & State 28 BRANDON, FL.
Zip 24 33607 Country 25	Zip 29 33509-0998 Country 30

3. Date Incorporated or Qualified: 09/06/1984
3a. Date of Last Report: 04/22/1994
4. FEI Number: 58-1590339 ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENTSON, CHRIS	81 Name
~~1421 MASSARO BLVD~~	82 Street Address (P.O. Box Number is Not Acceptable) 1207 MARIE ST.
~~TAMPA FL 33619~~	83
	84 City TAMPA FL 85 Zip Code 33607

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 ______ (Registered Agent signature) ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	NORDLIE, JAMES O.	12 NAME	
STREET ADDRESS	450 TOOTING LANE	13 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☒ Change ☐ Addition
NAME	ADDSION, THOMAS G.	22 NAME	
STREET ADDRESS	34018 WILLIAMSBURG CT.	23 STREET ADDRESS	6946 AURORA
CITY-ST-ZIP	STERLING HTS MI	24 CITY-ST-ZIP	TROY, MI. 48098
TITLE		31 TITLE	ASST. SEC'Y/ASST TR. ☐ Change ☒ Addition
NAME		32 NAME	SMITH, KEVIN F.
STREET ADDRESS		33 STREET ADDRESS	11536 CHEROKEE LANE
CITY-ST-ZIP		34 CITY-ST-ZIP	BRECKSVILLE, OHIO 44141
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 the 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: Thomas G. Addison THOMAS G. ADDISON 4/29/95 313-763-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0440253 FP