

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

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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **H34988** (6)
1. Corporation Name
NBR CORPORATION



Principal Place of Business
**CORNER AJAX <7 SARATOGA
JACKSONVILLE FL 32212
US**

Mailing Address
**P O BOX 1835
ORANGE PARK FL 32067-1835
US**

3. Date incorporated or Qualified **12/19/1984** 3a. Date of Last Report **03/04/1996**
4. FEI Number **59-2477614** 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

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
ANSBACHER & SCHNEIDER, PA
4215 SOUTHPOINT BLVD, SUITE 100
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE **PD** ☐ DELETE
12.2 NAME **AMEEN, DAVID**
12.3 STREET ADDRESS **5451 ROOSEVELT BLVD**
12.4 CITY-STATE-ZIP **JACKSONVILLE FL**
12.5 TITLE ☐ DELETE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-STATE-ZIP
12.9 TITLE ☐ DELETE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP
12.13 TITLE ☐ DELETE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-STATE-ZIP
12.17 TITLE ☐ DELETE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-STATE-ZIP
13.5 TITLE ☐ Change ☐ Addition
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP
13.9 TITLE ☐ Change ☐ Addition
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP
13.13 TITLE ☐ Change ☐ Addition
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP
13.17 TITLE ☐ Change ☐ Addition
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

14. I do 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: **DAVID AMEEN** **DAVID AMEEN** 3/20/97 904 777 2679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #