

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H59614 (8)**

1. Corporation Name
NARDY & ASSOCIATES, INC.



Principal Place of Business: **124 ROBIN RD STE 1300 ALTAMONTE SPRINGS FL 32707 US**
Mailing Address: **P O BOX 161548 P.O. BOX 5043 ALTAMONTE SPRINGS FL 32716-1548 US**

3. Date Incorporated or Qualified: **05/28/1985**
3a. Date of Last Report: **08/04/1995**
4. FEI Number: **59-2532582**
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 **873 LITTLE BEND ROAD**
22 Suite, Apt. #, etc.
23 **ALTAMONTE SPRINGS, FLORIDA**
24 **92714-7514**
25 **SEANING**
26 **P.O. BOX 161548 (ONLY)**
27 Suite, Apt. #, etc.
28 **ALTAMONTE SPRINGS, FLORIDA**
29 **32716-1548**
30 **USA**

9. Name and Address of Current Registered Agent
NARDY, JOHN A., JR.
873 LITTLE BEND ROAD
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
81 Name: **NARDY, JOHN A., JR.**
82 Street Address (P.O. Box Number is Not Acceptable): **P.O. BOX 161548**
83 **873 LITTLE BEND ROAD**
84 City: **ALTAMONTE SPRINGS, FL**
85 Zip Code: **32714-7514**

11. Pursuant to the provisions of Sections 607.0507 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 _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DPS	<input type="checkbox"/>
NAME	NARDY, JOHN A., JR.	
STREET ADDRESS	873 LITTLE BEND RD	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	DPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	NARDY, JOHN A., JR.		
13 STREET ADDRESS	P.O. BOX 161548		
14 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32716-1548		
21 TITLE	DPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	NARDY, JOHN A., JR.		
23 STREET ADDRESS	873 LITTLE BEND ROAD		
24 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714-1548		
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE	300001872733	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	-06/24/96--01024--050		
53 STREET ADDRESS	***200.00		
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
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)(k), Florida Statutes. I do hereby 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: **John A. Nardy, Jr., President / JOHN A. NARDY, JR. 4/30/96** (407) 862-1390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Prefix #

CR2E034 (12/95)