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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

(96/6) (6)

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65310

14. I do hereby certify that the information supplied wheinformation indicated on this annual report or supplied any an officer or director of the corporation or the

13 if changed, c

appears in Block 12 or Block

(5)

NORTH BRITISH AND AMERICAN DEVELOPMENTS, INC. Principal Place of Business Mailing Address 4218-4220 W. KENNEDY BLVD. 4218-4220 W. KENNEDY BLVD. TAMPA FL 33609-2231 **TAMPA FL 33609** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/08/1985 02/06/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 26 59-2570447 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WIGLEY, NORMAN NICHOLAS 6515 SANTIAGO CT 82 Street Address (P.O. Box Number is Not Acceptable) APOLLO BCH FL 33572 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TOLE 1.1 TITLE WIGLEY, NORMAN NICHOLAS NAME 1 2 NAME 6515 SANTIAGO CTR STREET ADDRESS 1.3 STREET ADDRESS APOLLO BCH FL CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition **31117** NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY ST-ZIP 2.4 CITY-ST-ZIP ■ DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST- ZIP 3.4. CITY-ST-ZIP DELETE 4.1 THLE Change Addition THLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 ORY-ST-ZIP DELETE THE 5.1 TH.E ☐ Change Addition 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 DiTY-SY-2#P CITY-ST-ZIP DELETE TITLE 61 THLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIF

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the qual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that trustees approvered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Daytime Phone #

OFFICER OR DIRECTOR