

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED**

95 MAR 16 AM 10:24

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # H83705 (4)****1. Corporation Name
NAGROCKI, INC.****Principal Place of Business
8744 LONE STAR ROAD
JACKSONVILLE FL 32211****Mailing Address
8744 LONE STAR ROAD
JACKSONVILLE FL 32211**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/01/1985
3a. Date of Last Report 03/10/1994**4. FEI Number 59-2622356**
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****2a. Mailing Address****21 Suite, Apt. #, etc.****26 Suite, Apt. #, etc.****22 City & State****27 City & State****23 Zip Country****28 Zip Country****24****25****29****30****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****NAGROCKI, DEBRA
8744 LONE STAR ROAD
JACKSONVILLE FL 32211****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**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****TITLE PD
NAME NAGROCKI, STANLEY
STREET ADDRESS 6218 DIANE RD
CITY-ST-ZIP JACKSONVILLE FL****1.1 TITLE** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**TITLE STV
NAME NAGROCKI, DEBRA
STREET ADDRESS 6218 DIANE RD
CITY-ST-ZIP JACKSONVILLE FL****2.1 TITLE** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**TITLE D
NAME NAGROCKI, DEBRA
STREET ADDRESS 6218 DIANE RD
CITY-ST-ZIP JACKSONVILLE FL****3.1 TITLE** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****4.1 TITLE** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****5.1 TITLE** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****6.1 TITLE** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(3)(k), 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, unchanged, or on an attachment with an address.****SIGNATURE: K**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Certificate Number