

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 22 11:10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J24379 (6)

1. Corporation Name:

PASTA GARDENS OF MANDARIN, INC.

Principal Place of Business:

9826 SAN JOSE BLVD.
JACKSONVILLE FL 32257-5438

Mailing Address:

2413 NE 19TH DR
GAINESVILLE FL 32609
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

07/15/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2731272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. This corporation has authority for discharge of tax under § 1361(b)(1)

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

D'ALTO, PAUL
3005 S.W. 70TH LANE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

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 601.01(2) and 607.15(8), 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 the new agent under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME
D'ALTO, PAUL
2. STREET ADDRESS
3005 S.W. 70TH LANE
3. CITY, STATE, ZIP
GAINESVILLE FL 32608

2. NAME
D'ALTO, ANTHONY
3. STREET ADDRESS
47 CHARCOAL HILL RD.
4. CITY, STATE, ZIP
WEST PORT CT

3. NAME
4. STREET ADDRESS
5. CITY, STATE, ZIP

4. NAME
5. STREET ADDRESS
6. CITY, STATE, ZIP

5. NAME
6. STREET ADDRESS
7. CITY, STATE, ZIP

6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.

1. NAME
President ☒ Change ☐ Addition

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

24. NAME

25. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.01(2)(b), Florida Statutes. I further certify that the information included 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on this report or that I changed or on any other form with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY-15-95 904-376-7700

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J25814

(1)

1. Corporation Name

NICOR FINANCE COMPANY, INC.

APPROVED
AND
FILED

MAY 22 1996 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/24/1986

3a. Date of Last Report
04/26/1994

4. FET Number
59-2737224

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 § 199.015,
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21. State Apt. # etc.

22. City & State

23. City & State

24. City & State

25. City & State

26. City & State

27. City & State

28. City & State

29. City & State

30. City & State

2a. Mailing Address

26. State Apt. # etc.

27. City & State

28. City & State

29. City & State

30. City & State

31. City & State

32. City & State

33. City & State

34. City & State

35. City & State

36. City & State

37. City & State

38. City & State

39. City & State

40. City & State

9. Name and Address of Current Registered Agent

KNAPP, JOHN
1404 S 28TH ST
FT PIERCE FL

10. Name and Address of New Registered Agent

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 of Agent or Registered Office (Print Name and Title)

Signature of Registered Agent or Registered Office (Print Name and Title)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. NAME PSTD KNAPP, JOHN 1404 S 28TH ST FT PIERCE FL
2. NAME
3. NAME
4. NAME
5. NAME
6. NAME
7. NAME
8. NAME
9. NAME
10. NAME
11. NAME
12. NAME
13. NAME
14. NAME
15. NAME
16. NAME
17. NAME
18. NAME
19. NAME
20. NAME
21. NAME
22. NAME
23. NAME
24. NAME
25. NAME
26. NAME
27. NAME
28. NAME
29. NAME
30. NAME
31. NAME
32. NAME
33. NAME
34. NAME
35. NAME
36. NAME
37. NAME
38. NAME
39. NAME
40. NAME
41. NAME
42. NAME
43. NAME
44. NAME
45. NAME
46. NAME
47. NAME
48. NAME
49. NAME
50. NAME
51. NAME
52. NAME
53. NAME
54. NAME
55. NAME
56. NAME
57. NAME
58. NAME
59. NAME
60. NAME
61. NAME
62. NAME
63. NAME
64. NAME
65. NAME
66. NAME
67. NAME
68. NAME
69. NAME
70. NAME
71. NAME
72. NAME
73. NAME
74. NAME
75. NAME
76. NAME
77. NAME
78. NAME
79. NAME
80. NAME
81. NAME
82. NAME
83. NAME
84. NAME
85. NAME
86. NAME
87. NAME
88. NAME
89. NAME
90. NAME
91. NAME
92. NAME
93. NAME
94. NAME
95. NAME
96. NAME
97. NAME
98. NAME
99. NAME
100. NAME

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☐ Change ☐ Addition
2. NAME ☐ Change ☐ Addition
3. NAME ☐ Change ☐ Addition
4. NAME ☐ Change ☐ Addition
5. NAME ☐ Change ☐ Addition
6. NAME ☐ Change ☐ Addition
7. NAME ☐ Change ☐ Addition
8. NAME ☐ Change ☐ Addition
9. NAME ☐ Change ☐ Addition
10. NAME ☐ Change ☐ Addition
11. NAME ☐ Change ☐ Addition
12. NAME ☐ Change ☐ Addition
13. NAME ☐ Change ☐ Addition
14. NAME ☐ Change ☐ Addition
15. NAME ☐ Change ☐ Addition
16. NAME ☐ Change ☐ Addition
17. NAME ☐ Change ☐ Addition
18. NAME ☐ Change ☐ Addition
19. NAME ☐ Change ☐ Addition
20. NAME ☐ Change ☐ Addition
21. NAME ☐ Change ☐ Addition
22. NAME ☐ Change ☐ Addition
23. NAME ☐ Change ☐ Addition
24. NAME ☐ Change ☐ Addition
25. NAME ☐ Change ☐ Addition
26. NAME ☐ Change ☐ Addition
27. NAME ☐ Change ☐ Addition
28. NAME ☐ Change ☐ Addition
29. NAME ☐ Change ☐ Addition
30. NAME ☐ Change ☐ Addition
31. NAME ☐ Change ☐ Addition
32. NAME ☐ Change ☐ Addition
33. NAME ☐ Change ☐ Addition
34. NAME ☐ Change ☐ Addition
35. NAME ☐ Change ☐ Addition
36. NAME ☐ Change ☐ Addition
37. NAME ☐ Change ☐ Addition
38. NAME ☐ Change ☐ Addition
39. NAME ☐ Change ☐ Addition
40. NAME ☐ Change ☐ Addition
41. NAME ☐ Change ☐ Addition
42. NAME ☐ Change ☐ Addition
43. NAME ☐ Change ☐ Addition
44. NAME ☐ Change ☐ Addition
45. NAME ☐ Change ☐ Addition
46. NAME ☐ Change ☐ Addition
47. NAME ☐ Change ☐ Addition
48. NAME ☐ Change ☐ Addition
49. NAME ☐ Change ☐ Addition
50. NAME ☐ Change ☐ Addition
51. NAME ☐ Change ☐ Addition
52. NAME ☐ Change ☐ Addition
53. NAME ☐ Change ☐ Addition
54. NAME ☐ Change ☐ Addition
55. NAME ☐ Change ☐ Addition
56. NAME ☐ Change ☐ Addition
57. NAME ☐ Change ☐ Addition
58. NAME ☐ Change ☐ Addition
59. NAME ☐ Change ☐ Addition
60. NAME ☐ Change ☐ Addition
61. NAME ☐ Change ☐ Addition
62. NAME ☐ Change ☐ Addition
63. NAME ☐ Change ☐ Addition
64. NAME ☐ Change ☐ Addition
65. NAME ☐ Change ☐ Addition
66. NAME ☐ Change ☐ Addition
67. NAME ☐ Change ☐ Addition
68. NAME ☐ Change ☐ Addition
69. NAME ☐ Change ☐ Addition
70. NAME ☐ Change ☐ Addition
71. NAME ☐ Change ☐ Addition
72. NAME ☐ Change ☐ Addition
73. NAME ☐ Change ☐ Addition
74. NAME ☐ Change ☐ Addition
75. NAME ☐ Change ☐ Addition
76. NAME ☐ Change ☐ Addition
77. NAME ☐ Change ☐ Addition
78. NAME ☐ Change ☐ Addition
79. NAME ☐ Change ☐ Addition
80. NAME ☐ Change ☐ Addition
81. NAME ☐ Change ☐ Addition
82. NAME ☐ Change ☐ Addition
83. NAME ☐ Change ☐ Addition
84. NAME ☐ Change ☐ Addition
85. NAME ☐ Change ☐ Addition
86. NAME ☐ Change ☐ Addition
87. NAME ☐ Change ☐ Addition
88. NAME ☐ Change ☐ Addition
89. NAME ☐ Change ☐ Addition
90. NAME ☐ Change ☐ Addition
91. NAME ☐ Change ☐ Addition
92. NAME ☐ Change ☐ Addition
93. NAME ☐ Change ☐ Addition
94. NAME ☐ Change ☐ Addition
95. NAME ☐ Change ☐ Addition
96. NAME ☐ Change ☐ Addition
97. NAME ☐ Change ☐ Addition
98. NAME ☐ Change ☐ Addition
99. NAME ☐ Change ☐ Addition
100. NAME ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), 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. I am an officer or director of the corporation or the receiver or other person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

John M. Knapp - Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/95

Signature (Block 13)