

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J61776 (7)

1. Corporation Name
NCND, INC.



Principal Place of Business

P O BOX 951
P.O. BOX 3703
PLANTCITY FL 33564
US

Mailing Address

P O BOX 951
P.O. BOX 3703
PLANT CITY FL 33564
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
03/10/1987

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2778556-59-2742075

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

9. Name and Address of Current Registered Agent

NEWSOME, JAMES D.
2302 VILLAGE GREEN
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

81 Name

Joe Newsome

82 Street Address (P.O. Box Number is Not Acceptable)

4005 W. Thonotosassa Road

83

84 City

Plant City

FL

85 Zip Code

33566

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

Joe E. Newsome

Signature of Registered Agent (Signature required for change of agent)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

NEWSOME, JAMES D.
2702 CLUBHOUSE DR
PLANT CITY FL

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

NEWSOME, JOE
4005 W. THONOTOSASSA
PLANT CITY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

CARPENTER, CARL
KNIGHTS-GRIFFIN RD.
PLANT CITY FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

SIGNATURE:

Brenda Newsome Brenda Newsome 06-96 83-754-6883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

President

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Secretary / Treasurer
Brenda Newsome
2702 Clubhouse Dr.
Plant City, FL 33567

☐ Change ☒ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

500001863715
-06/17/96--01043--039
***200.00

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

5-1-96
AEB

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 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.

CR2E034 (12/95)