

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J79922

(7)

1. Corporation Name

NIEMINEN REALTY, INC.

Principal Place of Business

96 FLAGLER PLZ DR.
PALM COAST FL 32136
US

Mailing Address

96 FLAGLER PLZ DR
PALM COAST FL 32137-5900
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

06/26/1987

3a. Date of Last Report

08/14/1996

4. FEI Number

59-2857425

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

NIEMINEN, SCOTT K
1431 LAMBERT AVE.
FLAGLER BEACH FL 32136

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/>	DELETE
NAME	NIEMINEN, PAUL K.		
STREET ADDRESS	503 N ORANGE AVE		
CITY-ST-ZIP	BUNNELL FL		
TITLE	CD	<input type="checkbox"/>	DELETE
NAME	NIEMINEN, PAUL K.		
STREET ADDRESS	503 N ORANGE AVE		
CITY-ST-ZIP	BUNNELL FL		
TITLE	VP	<input type="checkbox"/>	DELETE
NAME	NIEMINEN, SCOTT K		
STREET ADDRESS	1431 LAMBERT AVE		
CITY-ST-ZIP	FLAGLER BCH FL		
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Scott K Nieminen

SCOTT K NIEMINEN Vice President 4/28/97

904 439 1555

CR2E034 (9/96)