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

CORPORATION ANNUAL REPORT

**1995**

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

APPROVED AND FILED

95 MAY -1 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J94646** **(3)**

1. Corporation Name

**N.D.C. SPECIALTIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3910 STONEHAVEN RD.<br>ORLANDO FL 32817 | 3910 STONEHAVEN RD.<br>ORLANDO FL 32817 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1987**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. # or other — 22:

Suite, Apt. # or other — 27:

City & State — 23:

City & State — 28:

Zip — 24:

County — 25:

Zip — 29:

Country — 30:

4. FEI Number: **59-2866594** ☐ 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. 199.042, Florida Statutes ☐ Yes **X** No

9. Name and Address of Current Registered Agent

**BROOKS, TERRY A.**
**611 N. PINE HILLS RD.**
**ORLANDO FL 32808**

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 the 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (A-D) | |
|---|---|---|---|
| TITLE | DP | 61 TITLE | ☐ Change ☐ Addition |
| NAME | CHIPMAN, SEARCY | 62 NAME | |
| STREET ADDRESS | 3910 STONEHAVEN RD. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 64 CITY-ST-ZIP | |
| TITLE | | 65 TITLE | ☐ Change ☐ Addition |
| NAME | | 66 NAME | |
| STREET ADDRESS | | 67 STREET ADDRESS | |
| CITY-ST-ZIP | | 68 CITY-ST-ZIP | |
| TITLE | | 69 TITLE | ☐ Change ☐ Addition |
| NAME | | 70 NAME | |
| STREET ADDRESS | | 71 STREET ADDRESS | |
| CITY-ST-ZIP | | 72 CITY-ST-ZIP | |
| TITLE | | 73 TITLE | ☐ Change ☐ Addition |
| NAME | | 74 NAME | |
| STREET ADDRESS | | 75 STREET ADDRESS | |
| CITY-ST-ZIP | | 76 CITY-ST-ZIP | |
| TITLE | | 77 TITLE | ☐ Change ☐ Addition |
| NAME | | 78 NAME | |
| STREET ADDRESS | | 79 STREET ADDRESS | |
| CITY-ST-ZIP | | 80 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 607.1622, Florida Statutes. I further certify that I am familiar with and authorized by Section 607.1622, Florida Statutes, to execute this report.

**SIGNATURE:** Searcy Chipman 4-25-95 407-677-0208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Searcy Chipman

0000033 CP