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 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K33620 **(1)**

1. Corporation Name

NFH MANAGEMENT CORP.

Principal Place of Business: ROUTE 1 BOX 98, BELL FL 32619-9715

Mailing Address: ROUTE 1 BOX 98, BELL FL 32619-9715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	09/21/1988
3a. Date of Last Report	06/16/1994
4. FEI Number	59-2041437 ☐ 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 (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

BENNINK, DONALD T.
ROUTE 1 BOX 98
BELL FL 32619

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 Donald T. Bennink 29 Apr 95

12. OFFICERS AND DIRECTORS	
TITLE	DVP
NAME	BENNINK, DONALD T.
STREET ADDRESS	RT 1 BOX 98
CITY-ST-ZIP	BELL FL
TITLE	DVP
NAME	REED, RONALD D.
STREET ADDRESS	RT 430 BOX 566
CITY-ST-ZIP	SHERMAN NY
TITLE	ST
NAME	REED, RONALD D.
STREET ADDRESS	RT 430 BOX 566
CITY-ST-ZIP	SHERMAN NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (blank; ☐ Change ☐ Addition for each entry)

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Donald T. Bennink Donald T. Bennink 29 Apr 95 (904)463-7974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412380 FP