

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K94311**

(3)

1. Corporation Name

NEDLY CORP.



Principal Place of Business

**8865 MIDNIGHT PASS RD
SARASOTA FL 34242**

Mailing Address

**8865 MIDNIGHT PASS RD
SARASOTA FL 34242**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**FREER, NED
8865 MIDNIGHT PASS RD.
SARASOTA FL 34242**

3. Date Incorporated or Qualified

06/08/1989

3a. Date of Last Report

03/03/1995

4. FEI Number

65-0124556

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

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 607.0508, Florida Statutes.

SIGNATURE

Signature of person authorized to sign this report

Signature of Registered Agent, if not the same person as above

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	DTS	☐ DELETE
NAME	FREER, NED	
STREET ADDRESS	8865 MIDNIGHT PASS RD	
CITY, ST, ZIP	SARASOTA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. 1.1 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	☐ Change ☐ Addition
2.1 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	☐ Change ☐ Addition
3.1 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	☐ Change ☐ Addition
4.1 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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.

SIGNATURE:

Ned Freer **NED FREER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96
Date

941-344-2280
Telephone Number

CR2E034 (12/95)