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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **L02259** **(4)**

1. Corporation Name

**NAUTEC, INC.**

Principal Place of Business

**P. O. BOX 1208**
**302 IOWA AVE**
**LYNN HAVEN FL 32444**
**US**

Mailing Address

**302 IOWA AVENUE**
**LYNN HAVEN FL 32444**
**US**

2. Principal Place of Business
21 **305 OHio AVE.** Suite, Apt. #, etc.
22 City & State
23
24 Zip 25 Country

2a. Mailing Address
26 **305 OHio AVE** Suite, Apt. #, etc.
27 City & State
28
29 Zip 30 Country

3. Date Incorporated or Qualified: **07/05/1989**
3a. Date of Last Report: **08/07/1995**
4. FEI Number: **59-2963292** ☐ 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

**NAUMAN, JEFFREY WM**
**302 IOWA AVENUE**
**LYNNE HAVEN FL 32444**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS ☐ DELETE

| | |
|---|---|
| TITLE | D |
| NAME | NAUMAN, JEFFREY WM |
| STREET ADDRESS | 302 IOWA AVE |
| CITY-ST-ZIP | LYNN HAVEN FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☑ Change ☐ Addition

| | |
|---|---|
| 1-1 TITLE | |
| 1-2 NAME | |
| 1-3 STREET ADDRESS | 305 OHIO AVE |
| 1-4 CITY-ST-ZIP | |
| 2-1 TITLE | |
| 2-2 NAME | |
| 2-3 STREET ADDRESS | |
| 2-4 CITY-ST-ZIP | |
| 3-1 TITLE | |
| 3-2 NAME | |
| 3-3 STREET ADDRESS | |
| 3-4 CITY-ST-ZIP | |
| 4-1 TITLE | |
| 4-2 NAME | |
| 4-3 STREET ADDRESS | |
| 4-4 CITY-ST-ZIP | |
| 5-1 TITLE | |
| 5-2 NAME | |
| 5-3 STREET ADDRESS | |
| 5-4 CITY-ST-ZIP | |
| 6-1 TITLE | |
| 6-2 NAME | |
| 6-3 STREET ADDRESS | |
| 6-4 CITY-ST-ZIP | |

☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition
☐ Change ☐ Addition

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)(i), Florida Statutes. I further certify that the information indicated on this 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:** JEFFREY WM. NAUMAN 5/20/96 904/265-4961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)