

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 # **L56044** (5)

1. Corporation Name

NARUP AND VOUVAKIS, INC.



Principal Place of Business

P O BOX 265009
DAYTONA BEACH FL 32126
US

Mailing Address

P O BOX 265009
DAYTONA BEACH FL 32126
US

3. Date Incorporated or Qualified
03/05/1990

3a. Date of Last Report
01/27/1995

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

4. FEI Number
59-3012323

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

10. Name and Address of New Registered Agent

NARUP, PHILLIP C
93 OLD BARN TRAIL
ORMOND BEACH FL 32174

81 Name

Narup, Phillip C.

82 Street Address (P.O. Box Number is Not Acceptable)

700 SAYBROOK STREET

83

PORT ORANGE

84 City

FL

85 Zip Code

32127

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

Phillip C. Narup
Signature (Typed or printed name of registered agent and date of registration)

President
Signature (Typed or printed name of registered agent and date of registration)

4/18/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE
NAME **NARUP, PHILLIP C.**
STREET ADDRESS **92 OLD BARN TRAIL**
CITY - ST - ZIP **ORMOND BEACH FL**

TITLE **VS** ☐ DELETE
NAME **VOUVAKIS, GEORGE**
STREET ADDRESS **925 N HALIFAX AV #901**
CITY - ST - ZIP **DAYTONA BEACH 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **PT NARUP PHILLIP C**
1.3 STREET ADDRESS **700 SAYBROOK STREET**
1.4 CITY - ST - ZIP **PORT ORANGE FL 32127**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **500001792025**
4.4 CITY - ST - ZIP **-04/24/96-01016-003**
*****200.00**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Phillip C. Narup
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

904252-1123

CR2E034 (12/95)