FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

7436 PENNSYLVANIA AVE

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

7436 PENNSYLVANIA AVE



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L70046

NORWOOD PRODUCTS, INCORPORATED

SARASOTA FL 34243 SARASOTA FL 34243 DO NOT WRITE IN THIS SPACE US us 3. Date Incorporated or Qualifed 04/30/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0188711 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing \Box Trust Fund Contribution Added to Fees 28 23 Country Zio Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **BROWN. NORRIS S** 82 Street Address (P.O. Box Number is Not Acceptable) 7436 PENNSYLVANIA AVE SARASOTA FL 34243 83 Zip Code 84 City 85 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ DELETE TITLE TTLE BROWN, NORRIS S. 12 NAME NAME 7436 PENNSYLVANIA AVE 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL 34243 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE **BROWN, BEVERLY A** 2.2 NAME NAME 7436 PENNSYLVANIA AVE 2.3 STREET ADDRESS STREET ADDRES SARASOTA FL 34243 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 31 TILE ☐ Change mE3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change [] DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

mE

NAME

NAME OF SIGNING OFFICER OR DIRECTORY ABSTORM 3-2.

3-25-99 941-351.3613 Date Daytime Phone #

☐ Change

Change

☐ Addition

Addition

Mar 26, 1999 8:00 am

Secretary of State

03-26-1999 90039 030 ***150.00

CR2F034 (11/98)