SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 27 AM 10:18
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L84034** **(2)**

1. Corporation Name

NORDON TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
1781 INDEPENDANCE BLVD SUITE 4 SARASOTA FL 34234 US	1781 INDEPENDANCE BLVD SUITE 4 SARASOTA FL 34234 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1990**
3a. Date of Last Report: **03/31/1994**
4. FEI Number: **65-0270907** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

LINDERS, JOHN R.
3601 SOMERVILLE DRIVE
SARASOTA FL 34232

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
(Typed or printed name of registered agent and title if applicable) (Registered Agent required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	11 TITLE	Director	☒ Change ☐ Addition
NAME	LINDERS, JOHN R.	12 NAME		
STREET ADDRESS	3601 SOMERVILLE DR	13 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GUILIANTE, A. T.	22 NAME		
STREET ADDRESS	1751 MAXWELL CT	23 STREET ADDRESS		
CITY ST ZIP	YORKTOWN HEIGHTS NY	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ALEXY, MIKE	32 NAME		
STREET ADDRESS	4480 NORTHLAKE DRIVE	33 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL 34232	34 CITY ST ZIP		
TITLE	D	41 TITLE	Director, President	☒ Change ☐ Addition
NAME	MOLER, JEFF	42 NAME	Moler, Jeff	
STREET ADDRESS	4732 OAK FOREST DR W	43 STREET ADDRESS	1219 Starboard Ln	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	Sarasota FL 34242	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	JEERINGS, DONALD	52 NAME		
STREET ADDRESS	3548 FUTCH RD	53 STREET ADDRESS		
CITY ST ZIP	PLANT CITY FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	JERRINGS, NORMA	62 NAME		
STREET ADDRESS	3548 FUTCH RD	63 STREET ADDRESS		
CITY ST ZIP	PLANT CITY FL	64 CITY ST ZIP		

CR2E034 (3/95)

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 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: _____ 7/24/95 (813) 351-4399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

011095 CF