

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M66079

1. Corporation Name

N. G. DEVELOPMENT CORPORATION

Principal Place of Business
8201 RIVER RIDGE BLVD.
NEW PORT RICHEY, FL 34654

Mailing Address
8201 RIVER RIDGE BLVD.
NEW PORT RICHEY, FL 34654

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1988

4. FEI Number
59-2888172

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYCE, M.D.
8201 RIVER RIDGE BLVD.
NEW PORT RICHEY, FL 34654

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 607.1506, 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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DIRECTOR ☐ DELETE
NAME NIELSEN, HELMAR
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PRESIDENT/DIRECTOR ☐ DELETE
NAME BOYCE, M.D.
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

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

TITLE SECRETARY ☐ DELETE
NAME REYNOLDS, B.J.
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

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

TITLE V. PRESIDENT/TREASURER ☐ DELETE
NAME PAUL, WILLIAM D. II
STREET ADDRESS 8201 RIVER RIDGE BLVD.
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

7/27/99

727-845-5252

SIGNATURE AND TITLE OF FILING AGENT OR SIGNING OFFICER OR DIRECTOR

M.D. BOYCE, PRESIDENT

Date

Daytime Phone #

CR2E034 (1/86)