FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:13

DOCUMENT # N18569 (6)

1. Corporation Name
NATIONAL ORDER OF TRENCH RATS, INC.

Principal Place of Business	Mailing Address
5425 39 ST E BRADENTON FL 34203 US	P.O. BOX 20538 BRADENTON FL 34203 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/02/1987
3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0003196 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

HENDERSON, LEE A.
5548 37TH ST E
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name: ENGWILLER, JOHN D
82 Street Address (P.O. Box Number is Not Acceptable): 6539 MAGELLAN CT.#105
83
84 City: SARASOTA FL 85 Zip Code: 34243

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: John D Engwiller Sr. JOHN D. ENGWILLER 02-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	ST	☐ Change ☒ Addition
NAME	MORGAN, JAMES J.	1.2 NAME	ENGWILLER, JOHN D	
STREET ADDRESS	1366 CLERMONT	1.3 STREET ADDRESS	6539 MAGELLAN CT #105	
CITY-ST-ZIP	DENVER CO	1.4 CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	DILAURENZIO, JOHN J.	2.2 NAME		
STREET ADDRESS	P.O.BOX 86 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	NAUGATUCK, DT	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, LEE A.	3.2 NAME		
STREET ADDRESS	4410 SW 73 TERR	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FOLLIS, JACK E.	4.2 NAME		
STREET ADDRESS	7830 S SHORE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAF, FRED A.	5.2 NAME		
STREET ADDRESS	107 GENEVE AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HAYWARD CA	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HEWETT, COLEMAN J.	6.2 NAME		
STREET ADDRESS	2685 NEW CLINTON RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	MACON GA	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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D Engwiller Sr. ST 02-14-95 813-751-1483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0062107