

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N18569

(6)

1. Corporation Name

NATIONAL ORDER OF TRENCH RATS, INC.



Principal Place of Business

5425 39 ST E
BRADENTON FL 34203
US

Mailing Address

P.O. BOX 20538
BRADENTON FL 34203
US

3. Date Incorporated or Qualified

01/02/1987

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ENGWILLER, JOHN D.
6539 MAGELLAN CT #105
SARASOTA FL 34243

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MORGAN, JAMES J.
STREET ADDRESS 1366 CLERMONT
CITY-ST-ZIP DENVER CO

TITLE D ☐ DELETE
NAME DILAURENZIO, JOHN J.
STREET ADDRESS P.O. BOX 86 N/A
CITY-ST-ZIP NAUGATUCK, CT

TITLE D ☐ DELETE
NAME HENDERSON, LEE A.
STREET ADDRESS 4410 SW 73 TERR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☐ DELETE
NAME FOLLIS, JACK E.
STREET ADDRESS 7830 S SHORE DR
CITY-ST-ZIP CHICAGO IL

TITLE D ☒ DELETE
NAME GRAF, FRED A.
STREET ADDRESS 107 GENEVE AVE
CITY-ST-ZIP HAYWARD CA

TITLE D ☐ DELETE
NAME HEWETT, COLEMAN J.
STREET ADDRESS 2685 NEW CLINTON RD
CITY-ST-ZIP MACON GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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
4.4 CITY-ST-ZIP

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 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. Engwiler Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

941-751-1483

Daytime Phone #

CR2E037 (12/95)