


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90037 006 ****61.25

0055819

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18569					
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		

93298-90037-6



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/02/1987	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0003196	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENGWILLER, JOHN D. 6539 MAGELLAN CT #105 SARASOTA FL 34243				81 Name ENGWILLER JOHN D			
				82 Street Address (P.O. Box Number is Not Acceptable) 5627 39th. Street East.			
				83			
				84 City BRADENTON FL 85 Zip Code 34203			

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 *John D. Engwiler Sec. State* **JOHN D. ENGWILLER** 1-12-99
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			
1.1 TITLE D <input checked="" type="checkbox"/> DELETE				1.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME BALCOM, ERNEST				1.2 NAME BALCOM ERNEST			
1.3 STREET ADDRESS 575 COUNTRY RD #489				1.3 STREET ADDRESS PO BOX 1003			
1.4 CITY-ST-ZIP LAKE PANASOFFKEE FL 33538				1.4 CITY-ST-ZIP LAKE PANASOFFKEE FL 33538			
2.1 TITLE D <input type="checkbox"/> DELETE				2.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME DILAURENZIO, JOHN J.				2.2 NAME			
2.3 STREET ADDRESS P.O.BOX 86 N/A				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP NAUGATUCK, DT				2.4 CITY-ST-ZIP			
3.1 TITLE D <input type="checkbox"/> DELETE				3.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME BAILEY, PAUL				3.2 NAME			
3.3 STREET ADDRESS 324 RUTTER AVE				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP KINGSTON PA 18704				3.4 CITY-ST-ZIP			
4.1 TITLE D <input type="checkbox"/> DELETE				4.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME GUIGELAAR, CURTIS				4.2 NAME			
4.3 STREET ADDRESS 100 NORTHLAND DR				4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP SAND LAKE MI 49343				4.4 CITY-ST-ZIP			
5.1 TITLE D <input type="checkbox"/> DELETE				5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME VIGIL, SAM				5.2 NAME			
5.3 STREET ADDRESS 13561 VALLEJO ST				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP WESTMINSTER CO 80234				5.4 CITY-ST-ZIP			
6.1 TITLE D <input type="checkbox"/> DELETE				6.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME REED, VINCENT				6.2 NAME			
6.3 STREET ADDRESS 6 ELMWOOD RD				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP LYNNFIELD MA 09140				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 617, 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: *John D. Engwiler Sec. State* **JOHN D. ENGWILLER**
Signature, typed or printed name of signing officer or director

1-12-99

Date

941-751-1483

Daytime Phone #

CR2E037 (11/98)

Doc

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January 12, 1999

ADDITIONAL DIRECTORS

D
ENGWILLER, JOHN
5627 39th. Street East
Bradenton, Fl 34203

D
HENDERSON LEE
PO BOX 1612
CASHIERS NC 28717

D
WARBURTON HARRY
1660 HAYWORTH RD.
PORT CHARLOTTE FL 33952

D
GRAJEK ALFRED
6455 W. 111th. ST.
WORTH IL 60482

D
HEWETT COLEMAN
1448 MACGILICUDY DR.
MACON GA 31206

D
SUTTON FRED
206 N BROWN AVE
TERRE HAUTE IN 47803