

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



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

1996 2,000

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N95000003846 (1)

1. Corporation Name

NARCONON FLORIDA, INC.

REINSTATEMENT

Principal Place of Business

Mailing Address

303 NORTH FT. HARRISON AVENUE
CLEARWATER FL 34615

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CLEARWATER FL 34615

REINSTATEMENT 08-2000

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report

SP

Applied
Not Applicable

\$8.75 Additional
Fee Required

\$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

21 639 Cleveland St

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 200

27

City & State

City & State

23 Clearwater, FL

28

Zip

Country

Zip

Country

24 33755

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, CHARLES
1100 CLEVELAND STREET
SUITE 900
CLEARWATER FL 34615

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 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 ☒ DELETE
NAME KERR, DAVID L
STREET ADDRESS 1761 KENESAW LANE
CITY-ST-ZIP CLEARWATER FL 34625

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME David L. Kerr
1.3 STREET ADDRESS 300 N. Osceola Ave., Apt 5-C
1.4 CITY-ST-ZIP Clearwater, FL 33755

TITLE D ☒ DELETE
NAME RASMUSIN, JAN D
STREET ADDRESS 601 ROSARY ROAD, #902
CITY-ST-ZIP LARGO FL 34640

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Debra D. Witter
2.3 STREET ADDRESS 2041 Lakewood Drive
2.4 CITY-ST-ZIP Dunedin, FL 34698

TITLE D ☒ DELETE
NAME HAMMOND, MICHAEL G
STREET ADDRESS 511 N OSCEOLA AVE
CITY-ST-ZIP CLEARWATER FL 34615

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME William P. Witter
3.3 STREET ADDRESS 2041 Lakewood Drive
3.4 CITY-ST-ZIP Dunedin, FL 34698

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID L. KERR 2/17/00 4666697

CR2E037 (12/95)