NONPROFIT
CORPORATION
ANNUAL REPORT

1996 2,000

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9500003846 (1)

NARCONON FLORIDA, INC.

RE INSTATE MENT

Principal Place of Business

Mailing Address

303 NORTH FT. HARRISON AVENUE CLEARWATER FL 34615

303 NORTH FT. HARRISON AVENUE CLEARWATER FL 34615 FILED 00 FEB 18 PM 2: 43



REINSTATEMENT 92-2000

		08/11/1995	<u>eb</u>	
2. Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied B	
21 639 Cleveland St 26		59-3339111	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		F 0 115 11 11 11 11 11 11 11 11 11 11 11 11	\$8.75 Additional	
22 Suite 200 27		5. Certificate of Status Desired	Fee Required	
City & State City & State		6. Election Campaign Financing	\$5,00 May Be	
23 Clearwater, FL 28		Trust Fund Contribution	Added to Fees	
Zip Country Zip	Country	8. This corporation has liability for intangible		
24 33755 25 USA 29 30	0	Florida Statutes	<u> </u>	
Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent	
	81 Name			
PERRY, CHARLES	RY, CHARLES 82 Street Addr		dress (P.O. Box Number is Not Acceptable)	
1100 CLEVELAND STREET				
SUITE 900	83			
CLEARWATER FL 34615	84 City		85 Zip Code	
	'	<u></u>		
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the or registered agent for both in the State of Florida. Such change was authorized by familiar with, and accept the obligations of Section 617 0503, Florida Statutes.	he above-named corpora by the corporation's board	ation submits this statement for the purpose of cl d of directors. I hereby accept the appointment a	hanging its registered office is registered agent. I am	
SIGNATURE Signature, typed or printed name of registered agent angulity if applicable. (NOTE: Re	legistered Agent signature required	when reinstating) DATE		
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE D (X)DELETE	1.1 TITLE	D	Change Addition	
NAME KERR, DAVID L	1.2 NAME	David L. Kerr		
STREET ADDRESS 1761 KENESAW LANE	1.3 STREET ADDRESS	300 N. Osceola Ave.,	Apt 5-C	
CITY-ST-ZIP CHEAPWATER FL 34625	1.4 CITY - ST - ZIP	Clearwater, FL 33755		
TITLE D DELETE	2.1 TITLE	D	Change Addition	
NAME RASMUSIN, JAN-D	2.2 NAME	Debra D. Witter		
STREET ADDRESS 601 ROSARY ROAD, #902	2.3 STREET ADDRESS	2041 Lakewood Drive		
CITY-ST-ZIP LARGO FL 34640	2. 4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE D QDELETE	3.1 TITLE	D	Change	
NAME HAMMOND, MICHAELG	3.2 NAME	William P. Witter		
STREET ADDRESS 511 N OSCEOLA AVE	3.3 STREET ADDRESS	2041 Lakewood Drive		
CITY-ST-ZIP CLEARWATER FL 34615	3.4. CITY-ST-ZIP	Dunedin, FL 34698		
TITLE DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME }	4. 2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS	100003161	401B	
CITY-S = ZIP	4.4 CITY-ST-ZIP	1 UUUU5 1 5 1	.TEL U	
TITLE DELETE	5.1 TITLE	-U3/U8/UU		
NAME 1/4	5.2 NAME	****35(*20	ホホホホンの I 。 ⊃ U	
STREET ADERESS	5.3 STREET ADDRESS			
CITY-ST-ZIP	5.4 CITY - ST - ZIP			
TITLE DELETE	6.1 TITLE		Change Addition	
NAME	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			
	0.0 OTTLET HODITEGO			
CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished.	6.4 CITY - ST - ZIP			

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

CR2E037 (12/95)