

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08172 (9)

1. Corporation Name
N & D INDUSTRIES, INC.

Principal Place of Business 4390 SW THISTLE TERRACE P O BOX 770 PALM CITY FL 34990	Mailing Address 4390 SW THISTLE TERRACE P O BOX 770 PALM CITY FL 34990-3937 US
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country

25 Zip Country 30 Zip Country

26 Zip Country 27 Zip Country

28 Zip Country 29 Zip Country

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31 Zip Country 32 Zip Country

32 Zip Country 33 Zip Country

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64 Zip Country 65 Zip Country

65 Zip Country 66 Zip Country

3. Date Incorporated or Qualified **11/21/1985** 3a. Date of Last Report **09/24/1996**

4. FEI Number **31-0803403** 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

SNYDER, RICHARD H

4390 SW THISTLE TERRACE

P O BOX 770

PALM CITY FL 34990

PALM CITY FL 34990

PALM CITY FL 34990

PALM CITY FL 34990

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PALM CITY FL 34990

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE 1.1 TITLE ☐ Change ☐ Addition

NAME **PD SNYDER, RICHARD H.** 1.2 NAME

STREET ADDRESS **4390 SW THISTLE TERR.** 1.3 STREET ADDRESS

CITY - ST - ZIP **PALM CITY FL** 1.4 CITY - ST - ZIP

TITLE ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition

NAME **DT PASKO, PATRICIA JEAN** 2.2 NAME

STREET ADDRESS **6504 S. TWP. RD. 17** 2.3 STREET ADDRESS

CITY - ST - ZIP **MELMORE OH** 2.4 CITY - ST - ZIP

TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition

NAME **AS SNYDER, NANCY E.** 3.2 NAME

STREET ADDRESS **4390 S.W. THISTLE TERR.** 3.3 STREET ADDRESS

CITY - ST - ZIP **PALM CITY FL** 3.4 CITY - ST - ZIP

TITLE ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition

NAME 4.2 NAME

STREET ADDRESS 4.3 STREET ADDRESS

CITY - ST - ZIP 4.4 CITY - ST - ZIP

TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition

NAME 5.2 NAME

STREET ADDRESS 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

CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. H. Snyder REQUIRED 3/27/97 561-286-9319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)