FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:40

DOCUMENT # P16982 (1)

1. Corporation Name
N.C.F. ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
HWY 105 P.O. BOX 1358 BOONE NC 28607	HWY 105 P.O. BOX 1358 BOONE NC 28607

3. Date Incorporated or Qualified: 11/30/1987
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21 5126 SOUTH LAKELAND DR.
22 Suite, Apt. #, etc. SUITE 1
23 City & State LAKELAND FL
24 Zip 33813 25 Country U.S.A.

2a. Mailing Address
26 P.O. Box 7069
27 Suite, Apt. #, etc.
28 City & State LAKELAND FL
29 Zip 33807 30 Country U.S.A.

4. FEI Number: 59-2859433 ☐ 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

TAYLOR, WILLIAM H.
1400 COLLINS LANE
LAKELAND FL 33803

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 William H. Taylor 1-19-95
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	PT	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	TAYLOR JR, EDWARD W.	1.2 NAME	TAYLOR JR, EDWARD W.	
STREET ADDRESS	HWY 105	1.3 STREET ADDRESS	COLONY PLACE, STATE FARM RD.	
CITY-ST-ZIP	BOONE NC	1.4 CITY-ST-ZIP	BOONE, N.C. 28607	
TITLE	VS	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, WILLIAM H.	2.2 NAME		
STREET ADDRESS	1400 COLLINS LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 is voluntarily furnished and 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: William H. Taylor 1-19-95 813-644-8813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390225 FP