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
1995 JUL 11 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20814 (0)

1. Corporation Name
NU-GULF INDUSTRIES, INC.

Principal Place of Business	Mailing Address
NU-GULF INDUSTRIES, INC. ROUTE 1, BOX 570 MYAKKA CITY FL 34251	NU-GULF INDUSTRIES, INC. ROUTE 1, BOX 570 MYAKKA CITY FL 34251

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/09/1988
3a. Date of Last Report: 08/25/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2918383 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DC	☒ Change ☐ Addition
NAME	AZUELOS, JUDAS	1.2 NAME	Azuelos, Judas	
STREET ADDRESS	ROUTE 60 EAST	1.3 STREET ADDRESS	Route 60 East	
CITY-ST-ZIP	MULBERRY FL	1.4 CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	D	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	NEWMAN, SCOTT D.	2.2 NAME	Newman, Scott D.	
STREET ADDRESS	ROUTE 60 EAST	2.3 STREET ADDRESS	Route 60 East	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	DP	3.1 TITLE		☐ Change ☐ Addition
NAME	RINALDI, PHILIP L.	3.2 NAME		
STREET ADDRESS	ROUTE 60 EAST	3.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL	3.4 CITY-ST-ZIP		
TITLE	SVP	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, ROBERT	4.2 NAME		
STREET ADDRESS	ROUTE 60 EAST	4.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL	4.4 CITY-ST-ZIP		
TITLE	SVP	5.1 TITLE		☐ Change ☐ Addition
NAME	BERARDUCCI, LOUIS D.	5.2 NAME		
STREET ADDRESS	ROUTE 60 EAST	5.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE		☐ Change ☐ Addition
NAME	WERNER, LYNN	6.2 NAME		
STREET ADDRESS	ROUTE 60 EAST	6.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL	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: Nola J. Kennington 7/5/95 (813)425-1176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer/Secretary

0980003 CP

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Nu-Gulf Industries, Inc.
Route 1, Box 570
Myakka City FL 34251

Additional officers?

Title	TS
Name	Nola Kenwright
Street address	Route 60 East
City-st-zip	Mulberry, FL 33860

Title	Controller
Name	Paul M. Ashcraft
Street address	Route 60 East
City-st-zip	Mulberry, FL 33860