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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P20814

(0)

1. Corporation Name

NU-GULF INDUSTRIES, INC.

Principal Place of Business

NU-GULF INDUSTRIES, INC.  
ROUTE 1, BOX 570  
MYAKKA CITY FL 34251

Mailing Address

NU-GULF INDUSTRIES, INC.  
ROUTE 1, BOX 570  
MYAKKA CITY FL 34251-9801



2. Principal Place of Business

21 38651 S.R. 64 EAST

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. DRAWER 797

Suite, Apt. #, etc.

City & State

23 MYAKKA CITY FL

Zip

24 34251

Country

25 USA

City & State

28 MULBERRY FL

Zip

29 33860

Country

30 USA

3. Date Incorporated or Qualified

09/09/1988

3a. Date of Last Report

05/01/1996

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	AZUELOS, JUDAS	
STREET ADDRESS	ROUTE 60 EAST	
CITY - ST - ZIP	MULBERRY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	NEWMAN, SCOTT D.	
STREET ADDRESS	ROUTE 60 EAST	
CITY - ST - ZIP	MULBERRY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RINALDI, PHILIP L.	
STREET ADDRESS	ROUTE 60 EAST	
CITY - ST - ZIP	MULBERRY FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	STEWART, ROBERT	
STREET ADDRESS	ROUTE 60 EAST	
CITY - ST - ZIP	MULBERRY FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BERARDUCCI, LOUIS D.	
STREET ADDRESS	ROUTE 60 EAST	
CITY - ST - ZIP	MULBERRY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KENWRIGHT, NOLA	
STREET ADDRESS	ROUTE 60 EAST	
CITY - ST - ZIP	MULBERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Kenwright*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY/TREASURER

4/29/97

(941) 425-1176

Date

Daytime Phone #

0438900

CR2E034 (9/96)