

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P34707 (0)

1. Corporation Name

NATIONAL CONTRACTING RESOURCES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 440  
ESTERO FL 33928-0440

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ESTERO FL 33928-0440

3. Date Incorporated or Qualified

07/12/1991

3a. Date of Last Report

05/01/1995

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

4. FEI Number

56-1642574

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

KELLER, CLIFFORD  
3218 MARION STREET  
FORT MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name GREGGORY N. HAMILTON

82 Street Address (P.O. Box Number is Not Acceptable)  
18021 LAUREL VALLEY ROAD

83

84 City FORT MYERS

FL

85 Zip Code  
33912

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

*Greggory N. Hamilton*  
Signature, typed or printed name of registered agent and title, if applicable

6-21-96

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME JUDSON, F.D.  
STREET ADDRESS 1105 CHURCH STREET  
CITY - ST - ZIP CHARLOTTE NC

☐ DELETE

NAME NIPPER, DAVID E.  
STREET ADDRESS 895 WEST 2800 SOUTH  
CITY - ST - ZIP SALT LAKE CITY UT

☐ DELETE

TITLE S  
NAME KELLER, CLIFFORD  
STREET ADDRESS 3218 MARION STREET  
CITY - ST - ZIP FT MYERS FL

☒ DELETE

TITLE T  
NAME HELMINIAK, L.W.  
STREET ADDRESS 49 VENTURE WAY  
CITY - ST - ZIP ELDERSBURG MD

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address

SIGNATURE:

*David E. Nipper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-96 941-334-2338  
Date Daytime Phone #

CR2E034 (3/96)