

FILE NOW. FILING FEE AFTER MAY 1 IS \$220.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013949 (2)

1. Corporation Name
THE NAD, INC.

Principal Place of Business
**50 FAIRVIEW BLVD
FORT MYERS BEACH FL 33931**

Mailing Address
**50 FAIRVIEW BLVD
FORT MYERS BEACH FL 33931**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/24/1992		3a. Date of Last Report 04/25/1994	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0386670		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**DAHLMAN, PAULA
50 FAIRVIEW BLVD
FT. MYERS BEACH FL 33931**

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 fee, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	DAHLMAN, PAULA	1.2 NAME	
STREET ADDRESS	% 2555 ESTERO BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS BEACH FL 33931	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	DAHLMAN, RONALD	2.2 NAME	
STREET ADDRESS	% 2555 ESTERO BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS BEACH FL 33931	2.4 CITY - ST - ZIP	
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	DAHLMAN, LAURIE	3.2 NAME	
STREET ADDRESS	% 2555 ESTERO BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FORT MYERS BEACH FL 33931	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)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Paula Dahlman **PAULA DAHLMAN**

4-17-95 813-482331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #