

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 11 AM 8:17

DOCUMENT # P93000016555 (3)

1. Corporation Name

NC MANUFACTURING, INC.

Principal Place of Business

Mailing Address

**153 HENDERSON DRIVE
CRESTVIEW FL 32536**

**153 HENDERSON DRIVE
CRESTVIEW FL 32536**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1993

3a. Date of Last Report

04/15/1994

4. FEI Number

59-3169263

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25 Zip Country

9. Name and Address of Current Registered Agent

**HENNINGER, NICHOLAS
153 HENDERSON DRIVE
CRESTVIEW FL 32536**

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's signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENNINGER, NICHOLAS
STREET ADDRESS	153 HENDERSON DRIVE
CITY - ST - ZIP	CRESTVIEW FL 32536
TITLE	ST
NAME	BURGESS, CHRISTOPHER
STREET ADDRESS	153 HENDERSON DRIVE
CITY - ST - ZIP	CRESTVIEW FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
1.2 NAME	SEC / TRES.	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	DELETE	
2.3 STREET ADDRESS	CHRIS BURGESS	
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as indicated, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #