ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90004 019 ***150.00

| NORDIA | ENTERPRISES, INC. | | | 70002T - A | |
|---|--|--------------------------------------|---------------------------------------|--|----------------------------------|
| ncipal Place | e of Business | Mailing Address | | | |
| 09 N 14TH STREET 1009 N 14TH STREET LEESBURG FL 34748 LEESBURG FL 34748 | | | | | |
| | | | | DO NOT WRITE IN THIS SPACE | |
| ~ | | | - | 3. Date Incorporated or Qualified | |
| | | | | 03/17/1993 | |
| Principal Place of Business 2a. Mailing Address | | | 4. FEI Number | Applied For | |
| Suite, Apt. #, etc. Suite, | | 26 | | 59-3170408 | Not Applicable \$8.75 Additional |
| | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Fee Required |
| City & State City & State | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes the current year | |
| | 25 | 29 | 30 | Intangible Personal Property. | ☐ Yes ☐ No |
| | g. Name and Address of Curr | ent Registered Agent | 81 Name | 10. Name and Address of New Register | red Agent |
| CUI | MMINS, NORMAN C | | 81 Name | | |
| 1009 N 14TH STREET | | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| LEESBURG FL 34748 | | | 83 | | |
| | | | | | |
| | | | 84 City | ı | EL 85 Zip Code |
| GNATURE | Signature, typed or printed name of registered a | gent and title if applicable. (A | IOTE: Registered Agent signature re | equired when reinstating) ADDITIONS/CHANGES TO OFFICERS | |
| .E | P | DELETE | 1.1 TITLE | 7051101001211020 10 0111021 | Change Addition |
| ME (| CUMMINS, NORMAN C | | 1.2 NAME | | |
| EET ADDRESS | 1009 N 14TH STREET | | 1.3 STREET ADDRESS | | [] |
| /-ST-ZIP | LEESBURG FL 34748 | | 1.4 CITY-ST-ZIP | | |
| E | STD | DELETE | 2.1 TITLE | | Change Addition |
| ¶E | KNIGHT, DIANE B | | 2.2 NAME | | |
| EET ADDRESS | 1009 N 14TH STREET | | 2.3 STREET ADDRESS | | |
| -ST-ZIP E | LEESBURG FL 34748 | T DELETE | 2.4 CITY-ST-ZIP 3.1 TITLE | | Change Addition |
| TE | | DELE TE | 3.2 NAME | | Charge C Addition |
| EET ADDRESS | | | 3.3 STREET ADDRESS | | |
| -ST-ZIP | | | 3.4 CITY-\$T-ZIP | | |
| E | | DELETE | 4.1 TITLE | | Change Addition |
| E | TE | | 4.2 NAME | | |
| ETADDRESS | | | 4.3 STREET ADDRESS | | |
| ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| Ē | | DELETE | 5.1 TITLE | | Change Addition |
| Ε | | | 5.2 NAME | | |
| ET ADDRESS | | | 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | ' |
| ST-ZIP | | DELETE | 6.1 TITLE | | Change Addition |
| 1 | | PELETE | 6.2 NAME | | |
| ET ADDRESS | | | 6.3 STREET ADDRESS | | |
| ST-ZIP | | | 6.4 CITY-ST-ZIP | | |
| I hereby co | ertify that the information supplied w | ith this filing does not qualify for | the exemption stated in se | ection 119.07(3)(i), Florida Statutes. I further ce | rtify that the information |

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.

GNATURE:

Daytime Phone #

P9300020210 S86891-9004-19

Please find my sheek for
150.00 for the corporate filing
fees I was surgrised to
receive a second notice as
I never received a first
notice and I should not
be pendinged for something I
didn't receive

•