FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 17 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000042729 (2)**

1. Corporation Name
NORDIC OF FLORIDA DEVELOPMENT, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3763 GLEN OAKS DR SARASOTA FL 34232 US	3763 GLEN OAKS DR SARASOTA FL 34232 US

3. Date Incorporated or Qualified: **06/10/1993**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **65-0413516** ☐ 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

HAMLIN, CURTIS D
1205 MANATEE AVENUE WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	BISHOP, RICHARD B	12 NAME	
STREET ADDRESS	3763 GLEN OAKS DR	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	DVPS	21 TITLE	☐ Change ☐ Addition
NAME	BISHOP, ARLENE H	22 NAME	
STREET ADDRESS	3763 GLEN OAKS DR	23 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	WORTHINGTON, NORMAN	32 NAME	
STREET ADDRESS	1000 S TAMIAMI TR	33 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HAMM, N R	42 NAME	
STREET ADDRESS	PO BOX 17 NA	43 STREET ADDRESS	
CITY-ST-ZIP	PERRY KS	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HERMANN, MERITA H	52 NAME	
STREET ADDRESS	4220 WINBLETON DR	53 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HERMANN, WILLIS	62 NAME	
STREET ADDRESS	4220 WINBLETON DR	63 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS	64 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)(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: _____ Pres. 4-11-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

813 365 4156

0488100 FP