

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000042729 (2)**

1. Corporation Name

NORDIC OF FLORIDA DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

**3763 GLEN OAKS DR
SARASOTA FL 34232
US**

**3563 GLEN OAKS DR
SARASOTA FL 34232
US**

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

24 25

29 30

9. Name and Address of Current Registered Agent

**HAMLIN, CURTIS D
1205 MANATEE AVENUE WEST
BRADENTON FL 34205**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

3a. Date of Last Report

06/10/1993

04/17/1995

4. FEI Number

Applied For

65-0413516

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person submitting this report as registered agent

Signature of person submitting this report as registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP
BISHOP, RICHARD B**
STREET ADDRESS **3763 GLEN OAKS DR**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **DVPS
BISHOP, ARLENE H**
STREET ADDRESS **3763 GLEN OAKS DR**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **DT
WORTHINGTON, NORMAN**
STREET ADDRESS **1000 S TAMiami TR**
CITY-STATE-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **D
HAMM, N R**
STREET ADDRESS **PO BOX 17 NA**
CITY-STATE-ZIP **PERRY KS**

TITLE ☐ DELETE

NAME **D
HERMANN, MERITA H**
STREET ADDRESS **4220 WINBLETON DR**
CITY-STATE-ZIP **LAWRENCE KS**

TITLE ☐ DELETE

NAME **D
HERMANN, WILLIS**
STREET ADDRESS **4220 WINBLETON DR**
CITY-STATE-ZIP **LAWRENCE KS**

1. TITLE ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. STREET ADDRESS ☐ Change ☐ Addition

4. CITY-STATE-ZIP ☐ Change ☐ Addition

5. TITLE ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. STREET ADDRESS ☐ Change ☐ Addition

8. CITY-STATE-ZIP ☐ Change ☐ Addition

9. TITLE ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. STREET ADDRESS ☐ Change ☐ Addition

12. CITY-STATE-ZIP ☐ Change ☐ Addition

13. TITLE ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. STREET ADDRESS ☐ Change ☐ Addition

16. CITY-STATE-ZIP ☐ Change ☐ Addition

17. TITLE ☐ Change ☐ Addition

18. NAME ☐ Change ☐ Addition

19. STREET ADDRESS ☐ Change ☐ Addition

20. CITY-STATE-ZIP ☐ 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 or trustee or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R B Bishop, Pres

3-16-95

3654156

DATE

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