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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
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<br>SARASOTA FL 34232<br>US | 3563 GLEN OAKS DR<br>SARASOTA FL 34232<br>US |

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business
21 186 AMERICAS CUP BLVD
22 Suite, Apt. #, etc.
23 City & State: BRADENTON, FL
24 Zip: 34208
25 Country: MANATEE

2a. Mailing Address
26 186 AMERICAS CUP BLVD
27 Suite, Apt. #, etc.
28 City & State: BRADENTON, FL
29 Zip: 34208
30 Country: MANATEE

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
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: _____ 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 | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BISHOP, RICHARD B | | 1.2 NAME | | |
| STREET ADDRESS | 3763 GLEN OAKS DR | | 1.3 STREET ADDRESS | 4734 STARBOARD DR | |
| CITY-ST-ZIP | SARASOTA FL | | 1.4 CITY-ST-ZIP | BRADENTON, FL 34208 | |
| TITLE | DVPS | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BISHOP, ARLENE H | | 2.2 NAME | | |
| STREET ADDRESS | 3763 GLEN OAKS DR | | 2.3 STREET ADDRESS | 4734 STARBOARD DR | |
| CITY-ST-ZIP | SARASOTA FL | | 2.4 CITY-ST-ZIP | BRADENTON, FL 34208 | |
| TITLE | DT | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WORTHINGTON, NORMAN | | 3.2 NAME | | |
| STREET ADDRESS | 1000 S TAMIAMI TR | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HAMM, N R | | 4.2 NAME | | |
| STREET ADDRESS | PO BOX 17 NA | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PERRY KS | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HERMANN, MERITA H | | 5.2 NAME | | |
| STREET ADDRESS | 4220 WINBLETON DR | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAWRENCE KS | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HERMANN, WILLIS | | 6.2 NAME | | |
| STREET ADDRESS | 4220 WINBLETON DR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAWRENCE KS | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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:** R B Bishop SIGNATURE REQUIRED 2/10/97 941-749-5590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
R.B. BISHOP PRES