FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P93000049940 (8) DOCUMENT # N.L. LANGLEY, INC. Principal Place of Business Mailing Address 4311 YORKETOWNE RD. 4311 YORKETOWNE RD. ORLANDO FL 32812 ORLANDO FL 32812 3. Date incorporated or Qualified 3a. Date of Last Report 07/09/1993 04/26/1995 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 59-3190776 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζiρ Zip Country B. This corporation has liability for intangible tax under s 199.032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Nan DELUDE, EDWARD G 82 103 E. LAUREN COURT FERN PARK FL 32730 83 84 City 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 for both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with Lind forces the obligations of, Section 607.0 05, Florida Statutes. SIGNATURE ne of registerad agent and toa if instating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE. 1. 1 TITLE [] Change Addition LANGLEY, NANCY L NAME 1.2 NAME 4311 YORKETOWNE RD. STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 1.4 CITY-ST-ZiP TITLE [] DELETE 2.11/10 Change Addition NAME 2.2 NAME STREET ADDRESS CITY-S1-ZP 24 CHY-ST-ZIP TITLE DELETE 3 1 11716 ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP TITLE [] DELETE 4.1 THUE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-S1-ZIP TITUE DELETE 5. 1 TIFLE Change Addition NAME 5.2 NAME 100001837111 STREET ADDRESS 5.3 STREET ADDRESS -05/23/96---01056--030 CITY-ST-ZIP 5.4 CITY-ST-ZIP ***200.00 TITLE DELETE 6 1 TITLE ___ Change Add tion NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 6.4 C-TY - 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)(d), 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 logal 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

SIGNATURE:

CR2E034 (12/95)