

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 10 1997 8:00am
Secretary of State

DOCUMENT # **P93000065212 (1)**

1. Corporation Name

NORLEN, INC.



Principal Place of Business

**2712 NE 14TH STREET
OCALA FL 34470**

Mailing Address

**2712 NE 14TH STREET
OCALA FL 34470-4821**

3. Date Incorporated or Qualified

09/15/1993

3a. Date of Last Report

04/03/1996

2. Principal Place of Business

21 10093 SE HWY 441

Suite, Apt. #, etc.

2a. Mailing Address

26 10093 SE HWY 441

Suite, Apt. #, etc.

4. FEI Number

59-3200722

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

**S. RAY GILL, P.A.
613 SE FT. KING STREET
OCALA FL 34471**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
SIMPSON, NORA L
STREET ADDRESS
4000 SE 20TH COURT
CITY - ST - ZIP
OCALA FL 34480**

TITLE ☐ DELETE

**D
NAME
SIMPSON, LEONARD M
STREET ADDRESS
4000 SE 20TH COURT
CITY - ST - ZIP
OCALA FL 34480**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 and changed, or on an attachment with an address.

SIGNATURE:

Leonard Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VICE PRES/ SEC
LEONARD SIMPSON**

3/5/97 (352) 622-1101

0437061

CR2E034 (9/96)