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FILED

Apr 25 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 # P94000009063 (6)

1. Corporation Name  
NJR SALES CO., INC.



Principal Place of Business  
150 RODEO DR  
BRENTWOOD NY 11717  
US

Mailing Address  
950 N. COLLIER BLVD.  
STE #301  
MARCO ISLAND FL 33937  
US

3. Date Incorporated or Qualified  
01/27/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number  
APPLIED FOR 58-2091078

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent  
KRAMER, WILLIAM D  
950 N COLLIER BLVD.  
STE #301  
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 City  
85 Zip Code

NO CHANGE  
1838 40TH TERRACE SW  
NAPLES  
FL  
34116

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: *William D. Kramer* WILLIAM D. KRAMER  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 4/21/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	ROBERTS, NORMAN	150 RODEO DR BRENTWOOD NY 11717		<input type="checkbox"/>
VST	ROBERTS, CAROL	150 RODEO DR BRENTWOOD NY 11717		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4		<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4		<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4		<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4		<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4		<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4		<input type="checkbox"/>	<input type="checkbox"/>

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: *Norman Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 941-348-0272

Date Daytime Phone #

CR2E034 (9/96)