

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P94000075961 (0)**

1. Corporation Name

**NINA'S DELI & PASTA, INC.**

**FILED**  
95 AUG -7 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business: **910 NORVELL BRYANT HIGHWAY HERNANDO FL 34442**  
Mailing Address: **910 NORVELL BRYANT HIGHWAY HERNANDO FL 34442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1984**      3a. Date of Last Report  
4. FCI Number: **59-3271332**      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**  
6. Does corporation have liability for delinquent taxes under s. 223.205, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State, Apt. # etc: 22 City & State: 23  
2a. Mailing Address: 26 State, Apt. # etc: 27 City & State: 28  
24 City: 25 State: 29 City: 30 State:

9. Name and Address of Current Registered Agent  
**LINDQUIST, KENNETH  
910 NORVELL BRYANT HIGHWAY  
HERNANDO FL 34442**

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 607.02(3) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 607.02(3), Florida Statutes.

DECLARATION: I, the undersigned, being duly sworn, depose and say that I am the president of the above corporation and that the foregoing is true and correct. Executed on this 8th day of August, 1995.

12. OFFICERS AND DIRECTORS

1	D	LINDQUIST, KENNETH 1422 WEST OLYMPIA STREET HERNANDO FL 34442
2		
3		
4		
5		
6		
7		
8		

13. ADULT OFFICERS, CHANGING OFFICERS, AND ADULT DIRECTORS

1			<input type="checkbox"/> Change <input type="checkbox"/> Address
2			<input type="checkbox"/> Change <input type="checkbox"/> Address
3			<input type="checkbox"/> Change <input type="checkbox"/> Address
4			<input type="checkbox"/> Change <input type="checkbox"/> Address
5			<input type="checkbox"/> Change <input type="checkbox"/> Address
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8			<input type="checkbox"/> Change <input type="checkbox"/> Address

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 619.02(1)(b), Florida Statutes. I further certify that the information included 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 in person. I am an officer or director of the corporation or the receiver or trustee empowered to make the 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: *Kenneth G. Lindquist* Kenneth G. Lindquist 8/1/95 904-860-0004  
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E034 (3/95)