FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

P94000079423 (7) DOCUMENT #

NORTH I	FLORIDA	LARICK	CORPORATION

Mailing Address Principal Place of Business ROUTE 5. BOX 198 ROUTE 5. BOX 198 LIVE OAK FL 32060 LIVE OAK FL 32060 3a. Date of Last Report 3. Date Incorporated or Qualified 04/28/1995 10/28/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3274724 26 \$8.75 Additional 21 5. Certificate of Status Desired Suite, Apt #, etc. Fee Required Suite, Apt. #, etc. 27 6. Election Campaign Financing \$5.00 May Be 22 City & State Added to Fees City & State Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s 199.032 23 Country Zip Country ☐ Yes ☐ No Zφ Florida Statutes 30 10. Name and Address of New Registered Agent 29 25 24 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) SCHULTZ, LARRY **ROUTE 5, BOX 198** 83 LIVE OAK FL 32060 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. Thereby accept the appointment as registered agent, 1 am

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	agent, or both, in the State of Floridal Such ortalige was add and accept the obligations of, Section 607,0505, Florida Sta	(No.) F. Farg stored Appent signar as restained	When relies along the 40
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2.	OFFICERS AND DIRECTORS	1 1 THTLF	Change Addition
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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)(k). 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 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 certify 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

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29.96 Days From