

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

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Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000060365 (0)**

1. Corporation Name

NATURAL RESOURCE PROTECTION CORPORATION

Principal Place of Business

Mailing Address

**603 MONROE AVE.
CAPE CANAVERAL FL 32920**

**603 MONROE AVE.
CAPE CANAVERAL FL 32920-2241**

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

APPLIED FOR 59-3408084

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

10. Name and Address of New Registered Agent

**NOEL, MAXINE A
217 EAST OCEAN BLVD.
STUART FL 34904**

81 Name
David L. Schick

82 Street Address (P.O. Box Number is Not Acceptable)
201 E. Pine Street

83 Suite 1200

84 City
Orlando

FL 85 Zip Code
32801

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

David L. Schick

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

(NOT Registered Agent signature required when reinstating)

DATE

2/14/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SCHUMAN, RICK**
STREET ADDRESS **603 MONROE AVE.**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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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 supplement to 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:

Rick Schuman

President

20 Jan 97

CR2E034 (9/96)