

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000091980 (9)**

1. Corporation Name

NTK, INC.



Principal Place of Business

**1374 CONIFER COURT
DELAND FL 32720**

Mailing Address

**1374 CONIFER COURT
DELAND FL 32720**

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

25

29

30

9. Name and Address of Current Registered Agent

**RENNA, MARY L
1374 CONIFER COURT
DELAND FL 32720**

81 Name

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

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

11/30/1995

3a. Date of Last Report

4. FEI Number

59-3348329

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0102 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 of the person making this statement

Printed Name of Agent (If new, use last name)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

D

**RENNA, JOE
1374 CONIFER COURT
DELAND FL 32720**

☐ DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

D

**RENNA, MARY L
1374 CONIFER COURT
DELAND FL 32720**

☐ DELETE

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3. STREET ADDRESS

4. CITY-STATE-ZIP

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4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

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1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

3/18/96

904-738-1558

CR2E034 (12/95)