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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCU   | MENT # P95000   | )096116 (5  | )                                   |  |  |
|--|---|---|-------------------------------------|--|--|
|  | NO INDUSTRIES, INC.                                   | •   | ,                                   |  | 1140 140 140 110 110 110 110 110 110 110   |
| Principal Plac                                   | e of Business   | Mailing Address                                   | ·····                               |  | 881  |
| 214 1ST ST.<br>INDIAN ROCKS BEACH FL 33785<br>US |   | P.O. BOX 619<br>INDIAN ROCKS BEACH FL 33785<br>US |                                     | DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified  |  |
|  |   |   |                                     | 12/18/1995   |  |
| 2. Principal P                                   | lace of Business                                      | 2a. Mailing Address                               |                                     | 4. FEI Number  | Applied For  |
| 21   |   | 26  |                                     | 59-3366491   | Not Applicable   |
| Sulte, Apt.                                      | #, etc.   | Suite, Apt. #, etc.                               |                                     | 5. Certificate of Status Desired   | \$8.75 Additional<br>Fee Regulred  |
| City & Stat                                      | 6   | City & State                                      |                                     | Floation Compaign Financian  | <del></del>  |
| 23   |   | 28  |                                     | B. Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees   |
| Zip  | Country   | Zip   | Country                             | 8. This corporation owes or has paid the   |  |
| 24   | 25  | 29  | 30                                  | Personal Property Tax due June 30.   | Yes No   |
|  | g. Name and Address of Current                        | t Registered Agent                                |                                     | 10. Name and Address of New Register   | ad Agent   |
| FIC  | CK, GEORGE L  |   | 81 Name                             |  |  |
| 214 1ST ST.                                      |   |   | 82 Street Ad                        | ddress (P.O. Box Number is Not Acceptable)   |  |
| INDIAN ROCKS BEACH FL 33785                      |   |   |                                     |  | <u> </u>   |
|  |   |   | 83                                  |  | 2  |
|  |   |   | 84 City                             | F  | 85 Zip Code  |
| 11 Purcuant                                      | to the provisions of Sections 607.8503                | 2 and 607 1508 Florida Stat                       | utes the shove-named or             |  |  |
| office or r                                      | egistered agent or both, in the State                 | of Florida. Such change war                       | s authorized by the corpor          | orporation submits this statement for the purpose ration's board of directors. I hereby accept the a | appointment as registered  |
|  | im tamiliar with, and accept the obliga               | (ious bi, section 607,0505, i                     | riorida Statutes.                   | 2/1  | 1.108  |
| SIGNATURE  | Stonatore, typed to printed parne of registered again | nt and title if applicable (N                     | OTE: Registered Agent signature red | quired when reinstating) DATE  | 0/70   |
| 12.  | OFFICERS AND  |   | 13.                                 | ADDITIONS/CHANGES TO OFFICERS A  | AND DIRECTORS IN 12  |
| TITLE  | D   | ☐ DELETE  | 1.1 TITLE                           |  | Change Addition  |
| NAME   | FICK, GEORGE L  |   | 1.2 NAME                            |  |  |
| STREET ADDRESS                                   | 214 1ST ST.   |   | 1.3 STREET ADDRESS                  |  |  |
| CITY-ST-ZIP                                      | INDIAN ROCKS BEACH FL                                 |   | 1.4 CITY-ST-ZIP                     |  |  |
| TITLE  | D NEW PRINCE W  | ☐ DELETE  | 2.1 TITLE                           |  | Change Addition  |
| NAME   | NEW, BRUCE W  |   | 2.2 NAME                            |  |  |
| STREET ADDRESS                                   | 214 1ST ST.<br>INDIAN ROCKS BEACH FL                  |   | 2.3 STREET ADDRESS                  | •  |  |
| CITY-ST-ZIP<br>TITLE                             | INDIAN NOONS BEAUTITE                                 | DELETE  | 2. 4 CITY-ST-ZIP 3.1 TITLE          |  | Change Addition  |
| NAME   |   |   | 3.2 NAME                            |  |  |
| STREET ADDRESS                                   |   |   | 3.3 STREET ADDRESS                  |  |  |
| CITY-ST-ZIP                                      |   |   | 3.4. CITY-ST-ZIP                    |  |  |
| TITLE  |   | DELETE  | 4.1 TITLE                           |  | ☐ Change ☐ Addition  |
| NAME   |   |   | 4. 2 NAME                           |  |  |
| STREET ADDRESS                                   |   |   | 4.3 STREET ADDRESS                  |  |  |
| CITY-S1-ZIP                                      |   |   | 4.4 CITY-ST-ZIP                     |  |  |
| TITLE  |   | ☐ DELETE  | 5.1 TITLE                           |  | Change Addition  |
| NAME   |   |   | 5.2 NAME                            |  |  |
| STREET ADDRESS                                   |   |   | 5.3 STREET ADDRESS                  |  |  |
| CITY-ST-ZIP                                      |   | DELETE  | 5.4 Crty-ST-ZIP                     |  | Change Addition  |
| TITLE  |   | C) Detele   | 6.1 TITLE                           |  | Change Addition  |
| NAME<br>STREET ADDRESS                           |   |   | 62 NAME<br>6.3 STREET ADDRESS       |  |  |
| OTHER PURPOS                                     |   |   | ■ 0.0 STREET ADDRESS                |  | , and the second se |

14. I 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 suppliemental 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 occiver 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 changes, or on an attachment with an address.

**SIGNATURE:** 

CITY-ST-ZIP

**FILED** 

Feb 20 1998 8:00am

Secretary of State