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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000022456 (3)**

1. Corporation Name

NEDIN-JOHNSON ACADEMY OF DANCE, INC.

Principal Place of Business

Mailing Address

**1053-7 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

**1053-7 SAN JOSE BLVD.
JACKSONVILLE FL 32257-6208**



2. Principal Place of Business

2a. Mailing Address

21 1053-6 SAN JOSE BLVD

26 8737 S.E. RIVERFRONT TERR. 59-3365491

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 JACKSONVILLE, FL.

28 TEQUESTA, FL

Zip Country

Zip Country

24 32257

25 U.S.

29 33469

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEDIN-JOHNSON, VICKI
1053-7 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

81 Name

NEDIN, JAMES E

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

8737 S.E. RIVERFRONT TERR.

83

84 City

TEQUESTA

85 Zip Code

FL 33469

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

(JAMES E. NEDIN)

TREASURER

1-13-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D
NAME
NEDIN-JOHNSON, VICKI
STREET ADDRESS
3222 MORGANZER TRAIL
CITY - ST - ZIP
ORANGE PARK FL 32065**

TITLE ☐ DELETE

**D
NAME
NEDIN, NANCY
STREET ADDRESS
8737 S.E. RIVER FRONT TERRACE
CITY - ST - ZIP
TEQUESTA FL 33469**

TITLE ☐ DELETE

**D
NAME
NEDIN, JAMES
STREET ADDRESS
8737 S.E. RIVER FRONT TERRACE
CITY - ST - ZIP
TEQUESTA FL 33469**

TITLE ☐ DELETE

**D
NAME
NEDIN, JAMES
STREET ADDRESS
8737 S.E. RIVER FRONT TERRACE
CITY - ST - ZIP
TEQUESTA FL 33469**

TITLE ☐ DELETE

**D
NAME
NEDIN, JAMES
STREET ADDRESS
8737 S.E. RIVER FRONT TERRACE
CITY - ST - ZIP
TEQUESTA FL 33469**

TITLE ☐ DELETE

**D
NAME
NEDIN, JAMES
STREET ADDRESS
8737 S.E. RIVER FRONT TERRACE
CITY - ST - ZIP
TEQUESTA FL 33469**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 supplemental 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 of this attachment with an address.

SIGNATURE: **(JAMES E. NEDIN)** TREASURER **1-13-97 561-775-5241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)