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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000044964 (0)

1. Corporation Name

NORTHEAST FLORIDA INDUSTRIES, INC.



Principal Place of Business

3652 CRAZY HORSE TRAIL
ST. AUGUSTINE FL 32086

Mailing Address

3652 CRAZY HORSE TRAIL
ST. AUGUSTINE FL 32086-5312

3. Date Incorporated or Qualified

05/20/1996

3a. Date of Last Report

NONE

2. Principal Place of Business

21 ~~1416 Old Manatee Rd.~~
Suite, Apt. #, etc.
3652 Crazy Horse Trail

2a. Mailing Address

26 3652 Crazy Horse Trail
Suite, Apt. #, etc.

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

ST. Augustine, FL

27 City & State

ST. Augustine FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

32086

Country

29 Zip

32086

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CLOSKEY, THOMAS
3652 CRAZY HORSE TRAIL
ST. AUGUSTINE FL 32086

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CLOSKEY, THOMAS | |
| STREET ADDRESS | 3652 CRAZY HORSE TRAIL | |
| CITY - ST - ZIP | ST. AUGUSTINE FL 32086 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | CLOSKEY, PAUL A | |
| STREET ADDRESS | 3652 CRAZY HORSE TRAIL | |
| CITY - ST - ZIP | ST. AUGUSTINE FL 32086 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | CLOSKEY, TRACY | |
| STREET ADDRESS | 3652 CRAZY HORSE TRAIL | |
| CITY - ST - ZIP | ST. AUGUSTINE FL 32086 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0017647

CR2E034 (9/96)