## FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENIF STATE Sandra B. Morim

Secretary of St DIVISION OF CORPOTIONS

1997

DOCUMENT # P96000044964 (0)

NORTHEAST FLORIDA INDUSTRIES, INC.

|  | :   |
|--|---|
| Principal Place of Business                      | Mailing Address                                       |
| 3652 CRAZY HORSE TRAIL<br>ST. AUGUSTINE FL 32006 | 3652 CRAZY HORSE TRAIL<br>ST. AUGUSTINE FL 32086-5312 |

## **FILED** May 12 1997 8:00am Secretary of State



| 3652 CRAZY HO<br>ST. AUGUSTINE                                  | 3652 CRAZY HORSE TRAIL<br>ST. AUGUSTINE FL 32086-5312  |  |                             |  |   |                              |                    |              |  |
|---|--|--|-----------------------------|--|---|------------------------------|--------------------|--------------|--|
|   |  |  |                             | }  | 3. Date Incorporated or Qualified 05/20/1996                          | 3a. Date of Last Report NoNE |                    |              |  |
| 2. Principal Pla  | ace of Business  | 2a. Mailing Address                    |                             |  | 4. FEI Number   |                              | <del>   </del>     | lied For     |  |
| 21 June Old Mouthir Rd. 26 3652 Crazy                           |  |  | orse                        | MIL  |   |                              |                    | Applicable   |  |
| Suite Apt # ctc Crazy Horse Trail Suite, Apt. #, etc.           |  |  |                             |  | 5. Certificate of Status Desired                                      |                              | 8.75 AG<br>Fee Req | uired        |  |
| City & State City & State 23 St. Augustine, FL 28 St. Augustine |  |  | FL                          | 170071 071   |   |                              | Fees               |              |  |
| Zen A Country Zip Ge  |  |  |                             | 8. This corporation has liability for intangible tax under s. 199.032, |   |                              |                    |              |  |
| 24 32086 25 29 32086 30   |  |  |                             |  | Fiorida Statutes Yes No  10. Name and Address of New Registered Agent |                              |                    |              |  |
|   | 9. Name and Address of Current   | Registered Agent                       | B4 Nome                     |  | 10. Name and Address of New He  | Ristoren vñe                 |                    |              |  |
|   | SKEY, THOMAS   |  | 81 Name                     |  |   |                              |                    |              |  |
| 3652 CRAZY HORSE TRAIL<br>ST. AUGUSTINE FL 32086                |  |  | 82 Stree                    | 82 Street Address (P.O. Box Number is Not Acceptable)                  |   |                              |                    |              |  |
| •   |  |  | 83                          |  |   |                              |                    | ļ            |  |
|   |  |  | 84 City                     |  |   | FL                           | 5 Zip C            | ode          |  |
| ļ   | o the provisions of Sections 607.0502  | 1507 4505 Fr. 1 0                      |                             |  | rection submits this statement for the t                              | ournose of ch                | anging its         | s registered |  |
| i Office or re  | io the provisions of Sections 607.0502<br>egistered agent, or both, in the State on<br>Infamiliar with land accept the obligat | ii Fiorida Such change was autho       | nata by the ci              | orporatio  | on's board of directors. I hereby acce                                | pt the appoint               | ment as r          | registered   |  |
| SIGNATURE .   |  | 4107E B                                |                             |  | d whose rejectations  | DATE                         |                    |              |  |
| 12.   | Styristics: typical or printed name of registered agen<br>OFFICERS AND   |  | isten Agent signat<br>13    | ure require  | d when reinstating)  ADDITIONS/CHANGES TO OFFI                        | CERS AND DI                  | RECTOR             | S IN 12      |  |
| `IRE  | PD   |  | 11/ILE                      |  |   |                              | Change             | Addition     |  |
| NAM:  | CLOSKEY, THOMAS  |  | 1.2 AME                     |  |   |                              |                    |              |  |
| STREET ADCLASS  | 3652 CRAZY HORSE TRAIL   |  | 1.3 TREET ADDRES            | s  |   |                              |                    |              |  |
| CITY - ST - ZIP   | ST. AUGUSTINE FL 32086   |  | 1.4 TY-ST-ZIP               | Ì  |   |                              | <b></b>            |              |  |
| DELE  | SD   | DELETE                                 | 2.1 TLF                     |  |   | L_                           | J Change           | Addition     |  |
| HAME  | CLOSKEY, PAUL A  | 1                                      | 2.2 AME                     |  |   |                              |                    |              |  |
| STREET ADDRESS  | 3652 CRAZY HORSE TRAIL   |  | 2.3 TREET ADDRES            | is .   |   |                              |                    |              |  |
| CHY ST 702  | ST. AUGUSTINE FL 32086   |  | 2. 4) ITY - ST - ZIP        |  |   |                              | Change             | Addition     |  |
| HILE  | VD   | ☐ DELETE                               | 3.1 TLE                     |  |   | L                            | ) change           | L Addition   |  |
| NAME  | CLOSKEY, TRACY   |  | 3.2 IAME                    | l  |   |                              |                    |              |  |
| STREET ADDRESS  | 3652 CRAZY HORSE TRAIL   |  | 3.3 SPREET ADDRES           | ss   |   |                              |                    |              |  |
| City - \$1- 21F   | ST. AUGUSTINE FL 32086   | ************************************** | 34 hty-st-zip               |  |   |                              | Change             | Addition     |  |
| TITLE   |  |  | 4.1 TILE                    | 1  |   | L                            | er compa           |              |  |
| NAME  |  | · ·                                    | 4 2 JAME                    |  |   |                              |                    |              |  |
| STREET ACORESS  |  | <u> </u>                               | 4.3 STREET ADORE            | 20   |   |                              |                    |              |  |
| C 1Y - \$1 - 24P  |  |  | 4.4 CRY-ST-ZIP<br>5.1 TITLE | +-   |   | L                            | Change             | Addition     |  |
| TOUR<br>NAME  |  | · ·                                    | 5.2 NAME                    | - }  |   |                              | -1                 | 12.          |  |
| STREET ADDRESS  |  |  | 5.3 STREET ADORE            | ss   |   | OP                           | 51                 | 10           |  |
| CITY-ST 20°   |  |  | 5.4 CITY-ST-ZIP             |  |   |                              |                    |              |  |
| 1/1.1   |  |  | 6.1 TOLE                    |  |   |                              | Change             | Addition     |  |
| NAME  |  |  | 6.2 NAME                    |  | 2000021<br>-05/21/9701<br>***165.00                                   | 3700                         | 12                 |              |  |
| STREET ADDRESS  | ı  | j.                                     | 6.3 STREET ADDRE            | SS   | -05/21/9701   | 100017                       | 2                  |              |  |
| Ony St-Ze   |  | ]                                      | 6.4 CITY-ST-ZIP             |  | ***165.00   |                              |                    |              |  |
| 4.4 Leic horok  | ay cort to that the information supplied   | with this filing does not qualify for  | the exemption               | on state   | d in Section 119.07(3)(i), Florida Statu                              | ites. I further o            | certily tha        | it 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 eath; 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 attackment with an address.