

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90145 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000046032

1. Corporation Name
N.D.G., INC.

Principal Place of Business
1045 FIFTH AVENUE NORTH
NAPLES FL 34102
US

Mailing Address
1045 FIFTH AVENUE NORTH
NAPLES FL 34102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

65-0687903

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICHMAN, KENNETH W JR.
2640 GOLDEN GATE PARKWAY STE 206
NAPLES FL 34105

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME LAYEL, DANNY L
STREET ADDRESS 2725 14TH STREET NORTH
CITY-STATE-ZIP NAPLES FL 34103

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME LANDRY, GILBERT F
STREET ADDRESS 11431 WATERFORD VILLAGE DRIVE
CITY-STATE-ZIP FORT MYERS FL 33913

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE D ☐ DELETE

NAME MASON, NINA B
STREET ADDRESS 137 VERSAILLES CIR.
CITY-STATE-ZIP NAPLES FL 34112

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 if changed or on an attachment with an address, with a different like empowered.

SIGNATURE: Nina B. Mason, Secy / Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

941/262-3438

Daytime Phone #

CR2E034 (1/98)