

**FILED**  
**Feb 12, 1999 8:00 am**  
**Secretary of State**

02-12-1999 90011 039 \*\*\*\*61.25

04-16-1999 90072 034 \*\*\*\*88.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000006321**

1. Corporation Name

**NOR OF NORTH FLORIDA, INC.**

Principal Place of Business

**2300 NW 71ST PLACE**  
**GAINESVILLE FL 32609**  
**US**

Mailing Address

**260 TURKEY CREEK**  
**ALACHUA FL 32615**


DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/15/1997**

4. FEI Number

**24-3441678**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

Country

9. Name and Address of Current Registered Agent

**ROSZEL, NORRIS O.**  
**260 TURKEY CREEK**  
**ALACHUA FL 32615**

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 607.0503 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 (printed) name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-25-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
**NAME**  
**ROSZEL, NORRIS O.**  
**STREET ADDRESS**  
**260 TURKEY CREEK**  
**CITY-ST-ZIP**  
**ALACHUA FL 32615**
TITLE ☐ DELETE
**NAME**  
**ST**  
**ROSZEL, SUE H.**  
**STREET ADDRESS**  
**260 TURKEY CIRCLE**  
**CITY-ST-ZIP**  
**ALACHUA FL 32615**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-25-99**

Date

**(352) 395-6240**

Daytime Phone #

CR2E034 (11/98)