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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P97000039913**

1. Corporation Name
LA CROIX & NORDON, INC.

Principal Place of Business	Mailing Address
1810 ELMWOOD DRIVE OLDSMAR FL 34677	1810 ELMWOOD DRIVE OLDSMAR FL 34677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/05/1997

4. FEI Number: 59-3447314 ☐ Applied For ☐ Not Applicable

5. Certifcate 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	2a. Mailing Address
21 6236 GRAND Blvd.	26 6236 Grand Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 New Port Richey, FL	28 New Port Richey, FL
24 Zip 34652 25 Country U.S.	29 Zip 34652 30 Country U.S.

9. Name and Address of Current Registered Agent

LA CROIX, CHARLES L JR
1810 ELMWOOD DRIVE
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name: Joseph Nordon
82 Street Address (P.O. Box Number is Not Acceptable): 3631 SARAZEN DR.
83
84 City: New Port Richey FL 85 Zip Code: 34655

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: Joseph Nordon president Joseph Nordon 4-10-99
Signature or 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	VP	☐ DELETE	1.1 TITLE	President/C	☑ Change ☐ Addition
NAME	NORDON, JOSEPH		1.2 NAME	Joseph Nordon	
STREET ADDRESS	3631 SARAZEN DR		1.3 STREET ADDRESS	3631 Sarazen Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE	P	☒ DELETE	2.1 TITLE	V/D/S	☐ Change ☑ Addition
NAME	LA CROIX, CHARLES L JR.		2.2 NAME	Lou Ellen Obeda	
STREET ADDRESS	1810 ELMWOOD DRIVE		2.3 STREET ADDRESS	3530 Springfield Dr.	
CITY-ST-ZIP	OLDSMAR FL 34677		2.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE		☐ DELETE	3.1 TITLE	T/D	☐ Change ☑ Addition
NAME			3.2 NAME	Marianne Nordon	
STREET ADDRESS			3.3 STREET ADDRESS	3631 Sarazen Dr	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	New Port Richey, FL 34655	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Joseph Nordon 4-10-99 727-846-8366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)