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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 MAR 21 PM 2:33

DOCUMENT # S10992 (3)

1. Corporation Name
FRED NORDSTROM FAMILY ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1343 PELICAN RD. SANIBEL FL 33957 US	1343 PELICAN RD. SANIBEL FL 33957 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1990
3a. Date of Last Report: 03/28/1994
4. FEI Number: 65-0249317 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

NORDSTROM FRED C.
1343 PELICAN RD.
SANIBEL FL 33957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTS	1.1 TITLE	D ☐ Change ☒ Addition
NAME	NORDSTROM, MARJORIE M.	1.2 NAME	GARRETT, Steve E.
STREET ADDRESS	1343 PELICAN ROAD	1.3 STREET ADDRESS	15 LAKE DRIVE
CITY-ST-ZIP	SANIBEL FL	1.4 CITY-ST-ZIP	MOUNTAIN LAKES NJ
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	NORDSTROM, FRED C.	2.2 NAME	
STREET ADDRESS	1343 PELICAN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	NORDSTROM, NEAL F.	3.2 NAME	
STREET ADDRESS	17805 SIXTH AVE. N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MN	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NORDSTROM, CHRISTINE W.	4.2 NAME	
STREET ADDRESS	17805 SIXTH AVE. N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLYMOUTH MN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCREDDIE, LISA N.	5.2 NAME	
STREET ADDRESS	20 HIX AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, GLORIA N.	6.2 NAME	
STREET ADDRESS	15 LAKE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNTAIN LAKES NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Fred C. Nordstrom MARCH 17, 1995 813-395-2944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
FRED C. NORDSTROM

0330067 CP