

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED:
AND
FILED

07 MAY -1 AM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S29786** (8)

1. Corporation Name

NPRC, INC.

Principal Place of Business

**5330 GEORGE STREET
NEW PORT RICHEY FL 34652**

Mailing Address

**5330 GEORGE STREET
NEW PORT RICHEY FL 34652**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified **02/04/1991** 3a. Date of Last Report **04/28/1994**

4. FET Number **59-3050840** 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**

7. This corporation has liability for information under S. 199.001, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 City & State

24 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 City & State

9. Name and Address of Current Registered Agent

**GOTTLIEB & GOTTLIEB, P.A.
2753 STATE ROAD 580, SUITE 204
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name **Gottlieb & Gottlieb, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **2475 Enterprise Road, #100**
83
84 City **Clearwater** **FL** **85** Zip Code **34623**

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary of State)

(Signature of Registered Agent or Secretary of State)

(Signature)

12. OFFICERS AND DIRECTORS

12.1	12.2
12.1 NAME	P
12.2 NAME	PENICK, VICKIE M.
12.3 STREET ADDRESS	3611 SELKIRK STREET
12.4 CITY, ST, ZIP	NEW PORT RICHEY FL
12.1 NAME	
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.1 NAME	
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.1 NAME	
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	
12.1 NAME	
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	13.2
13.1 NAME	☒ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information included on the 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Vickie M. Penick* **Vickie M. Penick**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 **813-849-2005**
Date Signature