

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S98021 (6)
1. Corporation Name

REGIONAL DIRECTORS AND CONSULTANTS, INC.

Principal Place of Business

Mailing Address

500 15TH AVE S
NAPLES FL 33940

500 15TH AVE S
NAPLES FL 33940



2. Principal Place of Business

2a. Mailing Address

21 2123 River Ranch Drive

26 2123 River Ranch Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apt #481

27 Apt #481

City & State

City & State

23 Naples Fla

28 Naples Fla

Zip

Country

Zip

Country

24 34104

25 USA

29 34104

30 USA

9. Name and Address of Current Registered Agent

KELLY JR, CHARLES M.
4501 TAMiami TRAIL N
SUITE 400
NAPLES FL 33940

3. Date Incorporated or Qualified

12/02/1991

3a. Date of Last Report

07/11/1995

4. FEI Number

65-0305307

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

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME NIELSEN, JUUL C JR
STREET ADDRESS 500 15TH AVE S
CITY - ST - ZIP NAPLES FL

TITLE D ☒ DELETE
NAME NIELSEN, MAREN
STREET ADDRESS 4200 29 HWY N
CITY - ST - ZIP GREENSBORO NC

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

11 TITLE D ☒ Change ☐ Addition
12 NAME Nielsen Juul C Jr
13 STREET ADDRESS 3123 River Ranch Drive Apt #481
14 CITY - ST - ZIP Naples Fla 34104

21 TITLE D ☒ Change ☐ Addition
22 NAME Nielsen Maren
23 STREET ADDRESS 7821 Bayshore Rd
24 CITY - ST - ZIP Naples Fla 33917

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Juul C Nielsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-96

941-262-6540
(Type in Block 8)

CR2E034 (3/96)