

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V35846** (7)  
1. Corporation Name  
**THE NORTHDALÉ GROUP, INC.**

Principal Place of Business Mailing Address  
**0820-NORTHDALÉ BLVD.  
SUITE 102B  
TAMPA FL 33624  
US**

**3820-NORTHDALÉ BLVD.  
SUITE 102B  
TAMPA FL 33624  
US**

2. Principal Place of Business 2a. Mailing Address  
21 **14499 No. Dale Mabry Hwy** 26 **same as at left**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 185 So.** 27 **←**  
City & State City & State  
23 **Tampa FL** 28  
Zip Country Zip Country  
24 **33618** 25 **Hillsborough** 29 30

**FILED**  
1995 JUL 25 AM 9:18  
TALLAHASSEE, FLORIDA  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/14/1992** 3a. Date of Last Report **08/02/1994**  
4. FBI Number **59-3122381** 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

9. Name and Address of Current Registered Agent  
**GILMAN, RICHARD A.  
3820 NORTHDALÉ BLVD.  
SUITE 102B  
TAMPA FL 33624**

10. Name and Address of New Registered Agent  
81 Name **Gilman, Richard A.**  
82 Street Address (P.O. Box Number is Not Acceptable) **14499 No. Dale Mabry Hwy**  
83 **Suite 185 So.**  
84 City **TAMPA** 85 Zip Code **FL 33618**

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 Name)  
I, \_\_\_\_\_ (Registered Agent signature required when transferring) \_\_\_\_\_ (Typed Name)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BRYAN, LAWRENCE T.</b>
STREET ADDRESS	<b>10704 WINGATE DRIVE</b>
CITY ST ZIP	<b>TAMPA FL</b>
TITLE	<b>PD</b>
NAME	<b>GILMAN, RICHARD A.</b>
STREET ADDRESS	<b>4510 NETHERWOOD DRIVE</b>
CITY ST ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>GRANTHAM, WILLIAM R.</b>
STREET ADDRESS	<b>16814 ROLLING ROCK DRIVE</b>
CITY ST ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>HILL, BENJAMIN F.</b>
STREET ADDRESS	<b>12451 COOL BREEZE WAY S.</b>
CITY ST ZIP	<b>JACKSONVILLE FL</b>
TITLE	<b>SD</b>
NAME	<b>MINTHORN, ALAN R.</b>
STREET ADDRESS	<b>3309 LAKE PADGETT DRIVE</b>
CITY ST ZIP	<b>LAND O'LAKES FL</b>
TITLE	<b>VD</b>
NAME	<b>WOODRUM, RICHARD E.</b>
STREET ADDRESS	<b>1168 ARBORHILL DR.</b>
CITY ST ZIP	<b>WOODSTOCK GA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 claim not equally for the exemption stated in Section 110.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *Richard A. Gilman* **Richard A. Gilman** 7/14/95 813-264-5347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name) (Typed Name)