

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # V35846

(7)

1. Corporation Name

THE NORTHDAL GROUP, INC.



Principal Place of Business

Mailing Address

14499 N DALE MABRY HWY
SUITE 185 S
TAMPA FL 33618
US

14499 N DALE MABRY HWY
SUITE 185 S
TAMPA FL 33618
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILMAN, RICHARD A
14499 N DALE MABRY HWY
SUITE 185 S
TAMPA FL 33618

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 607.0503, Florida Statutes.

SIGNATURE

Signature of officer or director required. If not applicable, check box.

NOTE: To be filed April 15th or later when not filing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1. TITLE	D	NAME	Bryan, Lawrence T.	STREET ADDRESS	15837 Glenarn Dr.	CITY-STATE-ZIP	Tampa FL 33618	☒ Change ☐ Addition
2. TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ Change ☐ Addition
3. TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ Change ☐ Addition
4. TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		☐ Change ☐ Addition
5. TITLE	D	NAME	Hill, Benjamin F.	STREET ADDRESS	1870 Fruit Cove Wood Dr.	CITY-STATE-ZIP	Jacksonville, Fla. 32259	☒ Change ☐ Addition
6. TITLE	SD	NAME	minthorn, Alan R.	STREET ADDRESS	3303 No. Lakeview Dr.	CITY-STATE-ZIP	Tampa FL 33618	☒ Change ☐ Addition
7. TITLE	VD	NAME	Woodrum, Richard E.	STREET ADDRESS	10807 Falkirk Rd.	CITY-STATE-ZIP	Louisville, Ky. 40243	☒ Change ☐ Addition

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Richard A. Gilman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/96

Date

813-264-5547

Telephone Number

CR2E034 (12/95)