

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:43

DOCUMENT # **493363** (6)  
1. Corporation Name  
**NMF OF WESTERN FLORIDA, INC.**

Principal Place of Business Mailing Address  
**402 POINCIANA DR. (32561)** **402 POINCIANA DR. (32561)**  
**P.O. BOX 1405** **P.O. BOX 1405**  
**GULF BREEZE FL 32562-1612** **GULF BREEZE FL 32562**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/31/1975</b>	3a. Date of Last Report <b>06/14/1994</b>
4. FEI Number <b>31-0882268</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 Min. Fee Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**SEDLACK, ROBERT J.**  
**402 POINCIANA DR.**  
**GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 Speed or printed name of registered agent and the Corporation. If not Registered Agent, signature and name are required.)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>PO</b> <b>SEDLACK, ROBERT J.</b> <b>402 POINCIANA DR.</b> <b>GULF BREEZE FL</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VSD</b> <b>SEDLACK, LILLIAN E.</b> <b>402 POINCIANA DR.</b> <b>GULF BREEZE FL</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 STREET ADDRESS	
13 CITY, ST, ZIP	
14 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 STREET ADDRESS	
16 CITY, ST, ZIP	
17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 STREET ADDRESS	
19 CITY, ST, ZIP	
20 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 STREET ADDRESS	
22 CITY, ST, ZIP	
23 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 STREET ADDRESS	
25 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 Chapter 111, 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 this corporation or the person or persons empowered to execute this report as required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**ROBERT J. SEDLACK**

**2/25/95** **924-932-4597**