

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **493363** (6)

1. Corporation Name  
**NMF OF WESTERN FLORIDA, INC.**



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

Mailing Address: **402 POINCIANA DR. (32561)  
P.O. BOX 1405  
GULF BREEZE FL 32562  
US**

3. Date Incorporated or Qualified: **12/31/1975**  
3a. Date of Last Report: **02/24/1995**

2. Principal Place of Business  
21 State, Apt. #, etc.:  
22 City & State:  
23 Zip: Country:  
24 Zip: Country:  
25

2a. Mailing Address  
26 State, Apt. #, etc.:  
27 City & State:  
28 Zip: Country:  
29 Zip: Country:  
30

4. FEI Number: **31-0882268**  
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 *As per for Secretary?*

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SEDLACK, ROBERT J.  
402 POINCIANA DR.  
GULF BREEZE FL 32561**

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

**12. OFFICERS AND DIRECTORS**

12.1 TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>SEDLACK, ROBERT J.</b>	
12.3 STREET ADDRESS	<b>402 POINCIANA DR.</b>	
12.4 CITY, ST, ZIP	<b>GULF BREEZE FL</b>	
12.5 TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
12.6 NAME	<b>SEDLACK, LILLIAN E.</b>	
12.7 STREET ADDRESS	<b>402 POINCIANA DR.</b>	
12.8 CITY, ST, ZIP	<b>GULF BREEZE FL</b>	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Robert J. Sedlack, Pres.* **2/22/96** 904-982-4597

CR2E034 (12/95)