

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 453575 (3)
1. Corporation Name
GEORGE J. NASH, INC.



Principal Place of Business: **1960 N HWY 301, P O BOX 98, COLEMAN FL 33521**
Mailing Address: **1960 N HWY 301, P O BOX 98, COLEMAN FL 33521**

3. Date Incorporated or Qualified: **05/24/1974** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1584701** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NASH, GEORGE J.
1010 N. WARNELL RD.
P.O. BOX 98
COLEMAN FL 33521**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	CD	<input type="checkbox"/>
NAME	NASH, GEORGE J	
STREET ADDRESS	1010 N. WARNELL RD.	
CITY-ST-ZIP	COLEMAN FL	
TITLE	PD	<input type="checkbox"/>
NAME	NASH, JAMES C	
STREET ADDRESS	714 N. WARNELL RD.	
CITY-ST-ZIP	COLEMAN FL	
TITLE	SD	<input type="checkbox"/>
NAME	NASH, SARAH L	
STREET ADDRESS	1010 N. WARNELL RD.	
CITY-ST-ZIP	COLEMAN FL	
TITLE	VD	<input type="checkbox"/>
NAME	NASH, SUSAN E.	
STREET ADDRESS	714 N WARNELL ROAD	
CITY-ST-ZIP	COLEMAN FL	
TITLE	V	<input type="checkbox"/>
NAME	David J. Mears III	
STREET ADDRESS	3100 E. County Hwy. 316	
CITY-ST-ZIP	Citra, Fl. 32113	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	15440 S.E. 36¹/₂ AVE.		
2.4 CITY-ST-ZIP	SUMMERFIELD, FL. 34491		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	15440 S.E. 36¹/₂ AVE		
4.4 CITY-ST-ZIP	SUMMERFIELD, FL. 34491		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 changed, or on an attachment with an address.

SIGNATURE: *Sarah L. Nash* **SARAH L NASH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-96 (904) 748-1454
DATE OFFICER PHONE #

CR2E034 (12/95)