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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 33521-0098

3. Date Incorporated or Qualified: 05/24/1974
3a. Date of Last Report: 03/18/1996
4. FEI Number: 59-1584701
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
NASH, GEORGE J.
1010 N. WARNELL RD.
P.O. BOX 98
COLEMAN FL 33521

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, GEORGE J	1.2 NAME	
STREET ADDRESS	1010 N. WARNELL RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	COLEMAN FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, JAMES C	2.2 NAME	
STREET ADDRESS	15440 SE 38TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, SARAH L	3.2 NAME	
STREET ADDRESS	1010 N. WARNELL RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLEMAN FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASH, SUSAN E.	4.2 NAME	
STREET ADDRESS	15440 SE 38TH AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUMMERFIELD FL	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS III, DAVID J.	5.2 NAME	
STREET ADDRESS	3100 E. COUNTY HWY 316	5.3 STREET ADDRESS	
CITY - ST - ZIP	CITRA F	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date: 3-31-97 Telephone: 1-352-748-1454

CR2E034 (9/96)