

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90128 034 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 453575

1. Corporation Name
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1974

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **3494 n. Hwy 301**

2a. Mailing Address
 26 **P.O. Box 98**

22 Suite, Apt. #, etc.

23 City & State
Coleman, FL

24 Zip **33521** 25 Country

27 Suite, Apt. #, etc.

28 City & State
Coleman, FL

29 Zip **33521** 30 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 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 607.0505, Florida Statutes.

SIGNATURE *George J. Nash* **George J. Nash C.E.O.** **4-15-99**
Signature, typed or printed name of registered agent and title if applicable. (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 36TH 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, SUSAN E	3.2 NAME	
STREET ADDRESS	15440 SE 36TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERFIELD FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEARS III, DAVID J.	4.2 NAME	
STREET ADDRESS	3100 E. COUNTY HWY 316	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA F	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *George J. Nash* **George J. Nash** **4-15-99** **352-748-1454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)