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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 26508 |

Nozzle Nolen, Inc.

## FILED May 24, 1999 8:00 am Secretary of State 05-24-1999 90005 024 \*\*\*150.00

				_						
Principal Place of Business Mailing Address										
5400 Broadway same										
West Palm Beach							DO NOT WRITE IN THIS SPACE			
FL 33407						3				
						"	Date Incorporated or Qualifed	•		
2. Principal P	Place of Business	2a. Mailing Address				4.	FEI Number 59-0996741		$\Box$	Applied For
21		26					59-0996741			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				Certificate of Status Desired		\$8.75	5 Additional	
22		27				Certificate of Status Desired		Fee	Required	
City & Stat	te	City & State			6.	Election Campaign Financing		\$5.0	<b>0</b> Мау Ве	
23		28				Trust Fund Contribution		Adde	d to Fees	
Zip	Country Zip			Country □			This corporation owes the cur	rent year Inte		
24	9. Name and Address of Current	29	30	<u> </u>			Personal Property Tax.	Da-1-4	Yes 1	□No
		Registered Agent		81	Name	10.	Name and Address of New	registerea /	Agent	
David M. Nolen										
1760 Ascott cir.				82 Street Address (P.O. Box Number			O. Box Number is Not Accept	able)		
N.	P.B.,FL 33408		83							
				84	City				85 Zi	p Code
								<u> </u>		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations of the section familiar with a section familiar with a section of the sec	f Florida. Such change was	authorized	1 by t	the corpo	corporation oration's bo	i submits this statement for the lard of directors. I hereby acce	purpose of option	changing i itment as	its registered registered
SIGNATURE		<u> </u>								
					signature re	equired when re		DATE	O DIDEC	TODE IN 12
12.	OFFICERS AND	DELETE	13.	n c		<i>P</i>	ADDITIONS/CHANGES TO OF	FICERS AIN	Change	
NAME	David M. Nolen, President								Change	e
STREET ADDRESS 1760 Ascott Cr.			1.2 N		* DODGCC					j
	37 P P 37 22/00			1.3 STREET ADDRESS						
CITY-ST-ZIP	Kenneth Nolen, vice Pres. DELETE			TLE	- 282			<del></del>	Change	e Addition
NAME					ļ					
STREET ADDRESS				2.2 NAME 2.3 STREET ADDRESS						
_CITY-SI-ZIP	requesta, ribba-bo			iTY-SI	ı					
TITLE -				TLE	1-211		<u> </u>		Chang	e Addition
NAME	5720_Parke_Ave.	leas.	3.2 N/		ĺ				.—,-	
STREET ADDRESS	P.B., FL 33407		3 3 S1	REET	ADDRESS		-			-
CITY-ST-ZIP	P.D., FL 3340/			ITY-ST						ľ
TITLE		☐ DELETE	4.1 TI				<del></del>		Change	e 🔲 Addition
NAME .			4:2N	AME			<del>-</del>			_ ·
STREET ADDRESS			4.3 S1	REET	ADDRESS					
CITY-ST-ZIP			4 4 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	5.1 TI	TLE .					☐ Change	e Addition
NAME			5 2 N	ME						
STREET ADDRESS			5.3 ST	REET	ADDRESS					İ
CITY-ST-ZIP			54 CI	TY-ST-	ZIP					
TITLE		☐ DELETE	6.1 TI	ΓLE					Change	e Addition
NAME			6.2 NA	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS					1
CITY-ST-ZIP			6 4 CI	TY-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.

Davil M. Myler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR