

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
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

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 ☐ DELETE	1.1 TITLE	☐ Change ☐ 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 ☐ DELETE	2.1 TITLE	☐ Change ☐ 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 ☒ DELETE	3.1 TITLE	☐ Change ☐ 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 ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	NASH, SUSAN E.	4.2 NAME	Nash, Susan E.
STREET ADDRESS	15440 SE 36TH AVENUE	4.3 STREET ADDRESS	15440 SE 36th Ave.
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	Summerfield, FL
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ 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	☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

CR2E034 (10/97)