

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:36

DOCUMENT # **F08362** (8)
1. Corporation Name
NESSMITH CORPORATION

Principal Place of Business Mailing Address
1410 CLARK STREET **1410 CLARK STREET**
C/O JOHN W. NESSMITH **C/O JOHN W. NESSMITH**
JACKSONVILLE FL 32206 **JACKSONVILLE FL 32206**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/09/1980** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2051153** 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**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **1410 Clark St.** 26 **PO Box 3315**
22 **Jacksonville FL** 27 **Jacksonville FL**
23 **32206** 24 **Duval** 25 **32206** 28 **Duval** 29 **32206** 30 **Duval**

9. Name and Address of Current Registered Agent
NESSMITH, JOHN W.
1410 CLARK STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent
81 Name **CARL W. POLK**
82 Street Address (P.O. Box Number is Not Acceptable) **1000 Broward Rd. Apt. 514**
83 **Jacksonville** **FL** 84 **32218**

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 607.0205, Florida Statutes.

SIGNATURE: Carl W. Polk President 16 Jan 95 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NESSMITH, JOHN W.
STREET ADDRESS	1410 CLARK STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VPS
NAME	POLK CARL W.
STREET ADDRESS	1410 CLARK STREET
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CARL W. POLK	
13 STREET ADDRESS	1000 Broward Rd. Apt. 514	
14 CITY - ST - ZIP	Jacksonville FL 32218	
21 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	John W. Nessmith	
23 STREET ADDRESS	404 Demage DR	
24 CITY - ST - ZIP	Jacksonville FL 32208	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(6)(b), 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, changed, or on an attachment with an address.

SIGNATURE: Carl W. Polk **CARL W. POLK** 16 Jan 95 **(904) 353-6317**