

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FEDERAL DEPARTMENT OF CLERK  
General Services  
Secretary of State  
CORPORATE DIVISION

DOCUMENT # **F08362** (8)



**NESSMITH CORPORATION**

1410 CLARK STREET  
JACKSONVILLE FL 32206

P.O. BOX 3315  
JACKSONVILLE FL 32206  
US

21 1410 Clark St.

26 P.O. BOX 3315

24 Jacksonville, FL

28 Jacksonville, FL

24 32206 25 Duval

29 32206 30 Duval

9. Name and Address of Current Registered Agent

**POLK, CARL W**  
1000 BROWARD RD, APT 514  
JACKSONVILLE FL 32218

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City, State, Zip Code

FL 85 Zip Code

3. Date of Incorporation or Qualified: **12/09/1980**  
3a. Date of Last Report: **01/20/1995**  
4. FE Number: **59-2051153**  
5. Corporate 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 public tax under S. 194.032, Florida Statutes:  Yes  No  
10. Name and Address of New Registered Agent

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that my signature shall have the same legal effect as if made under oath. I understand that the filing of this report is required by Chapter 607, Florida Statutes, and that my name and address shall be a part of the public records of the State of Florida.

12. OFFICERS AND DIRECTORS

PD	<input checked="" type="checkbox"/>	NESSMITH, JOHN W.
1410 CLARK STREET		
JACKSONVILLE FL		
VPS	<input type="checkbox"/>	NESSMITH, JOHN W.
404 DEMPEE DR		
JACKSONVILLE FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD	<input checked="" type="checkbox"/>	POLK CARL W.	<input type="checkbox"/>	ADD
1000 BROWARD Rd. APT. #514				
JACKSONVILLE, FL. 32218				
VPS	<input checked="" type="checkbox"/>	NESSMITH, JOHN W.	<input type="checkbox"/>	ADD
404 Demper Dr.				
Jacksonville, Fl. 32208				

14. I understand that the information supplied in this report will be a part of the public records of the State of Florida, and that my signature shall have the same legal effect as if made under oath. I understand that the filing of this report is required by Chapter 607, Florida Statutes, and that my name and address shall be a part of the public records of the State of Florida.

SIGNATURE: *Carl W. Polk*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)