

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

FILED
Feb 16 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F08362 (8)
 1. Corporation Name
NESSMITH CORPORATION



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| Principal Place of Business 1410 CLARKS ST JACKSONVILLE FL 32206 US | Mailing Address P.O. BOX 3315 JACKSONVILLE FL 32206 US |
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DO NOT WRITE IN THIS SPACE

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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 12/09/1980 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2051153 Applied For Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 29 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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| g. Name and Address of Current Registered Agent POLK, CARL W 1000 BROWARD RD, APT 514 JACKSONVILLE FL 32218 | 10. Name and Address of New Registered Agent 81 Name POLK CARL W. 82 Street Address (P.O. Box Number is Not Acceptable) 83 17002 Dorado Circle 84 City Jacksonville FL 85 Zip Code 32226 |
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Address Change →

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: *Carl W. Polk* DATE: **5 Jan 98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME POLK, CARL W. | | 1.2 NAME Polk Carl W. | |
| STREET ADDRESS 1000 BROWARD RD., APT. 514 | | 1.3 STREET ADDRESS 17002 Dorado Circle | |
| CITY-ST-ZIP JACKSONVILLE FL | | 1.4 CITY-ST-ZIP Jacksonville FL 32226 | |
| TITLE VPS | <input type="checkbox"/> DELETE | 2.1 TITLE VPS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME NESSMITH, JOHN W | | 2.2 NAME NessSmith JOHN W. | |
| STREET ADDRESS 404 DEMPEE DR | | 2.3 STREET ADDRESS 404 Dempser DR | |
| CITY-ST-ZIP JACKSONVILLE FL | | 2.4 CITY-ST-ZIP Jacksonville FL 32208 | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: *Carl W. Polk* DATE: **5 Jan 98** (904) 353-4317

Daytime Phone # 0031985

CR2E034 (10/97)