

**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 FEB 24 PM 4:21

DOCUMENT # **F94000002192 (2)**

1. Corporation Name  
**NATHAN C. NELSON ASSOCIATES, INC.**

Principal Place of Business      Mailing Address  
**25540 FAIRWAY DUNES CT.  
BONITA SPRINGS FL 33923  
BONITA**                                      **25540 FAIRWAY DUNES CT.  
BONITA SPRINGS FL 33923  
BONITA,**

DO NOT WRITE IN THIS SPACE

3. Date of next report or statement <b>04/28/1994</b>	3a. Date of Last Report
4. FEI Number <b>36-3294243</b>	Applied For (Not Applicable)
5. Certificate of Status Renewed <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May be Added to Fees</b>
8. This corporation has liability for intangible tax under 1.0013, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>25540 FAIRWAY DUNES CT</b>	26. <b>25540 FAIRWAY DUNES CT</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. <b>BONITA SPRINGS, FL</b>	27. <b>BONITA SPRINGS, FL 33923</b>
24. <b>33923</b>	25. <b>Lee</b>
29. <b>33923</b>	30. <b>Lee</b>

9. Name and Address of Current Registered Agent

**NELSON, NATHAN C  
25540 FAIRWAY DUNES CT  
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

B3.

B4. City

FL B5. 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PT</b>
NAME	<b>NELSON, NATHAN C</b>
STREET ADDRESS	<b>25540 FAIRWAY DUNES CT.</b>
CITY, ST, ZIP	<b>BONITA SPRINGS FL 33923</b>
TITLE	<b>S</b>
NAME	<b>NELSON, FAITH G</b>
STREET ADDRESS	<b>25540 FAIRWAY DUNES CT.</b>
CITY, ST, ZIP	<b>BONITA SPRINGS FL 33923</b>
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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with the filing is voluntarily furnished and shall not be used for the enforcement of any tax law or for any other purpose. I further certify that the information supplied on this annual report or supplemental annual report is true and correct and that my appointment as registered agent is in accordance with the provisions of the Florida Statutes. I am an officer or director of this corporation or this corporation's predecessor and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Block 1, 2 or Block 1.1 of this chapter, or any official form filed with an address.

SIGNATURE: **1/19/95 813 292 8790**

PRINT NAME AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR