

DOCUMENT # N00671

1. Entity Name

NAMI MARTIN/ST. LUCIE, INC.

Principal Place of Business

2454 NE DIXIE HWY  
JENSEN BEACH FL 34957

Mailing Address

P.O. BOX 1082  
STUART FL 34956-1082  
US

2. Principal Place of Business

P.O. Box 1082

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

STUART, FL 34956-1082

City &amp; State

Zip

Country

US

Zip

Country

4. FEI Number

59-2444160

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, JOHN  
3670 SW WHISPERING SOUND DR  
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	RANEY, JOHN D	
STREET ADDRESS	13053 SE CLOG HILL CT	
CITY-ST-ZIP	HOBE SOUND FL 33455	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'BRIEN, BARBARA	
STREET ADDRESS	9940 OCENA BLVD #603	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LIPACK, ANITA	
STREET ADDRESS	16418 S W TWO WOOD WY	
CITY-ST-ZIP	INDIANTOWN FL 34958	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEASLEY, CAROLE	
STREET ADDRESS	3864 SE OLD ST. LUCIE BLVD	
CITY-ST-ZIP	STUART FL 34996	

TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, MARGARET D	
STREET ADDRESS	1950 PALM CITY RD APT 1-104	
CITY-ST-ZIP	STUART FL 34994	

TITLE	P	<input type="checkbox"/> Delete
NAME	TAYLOR, JOHN W D	
STREET ADDRESS	3670 SW WHISPERING SOUND DR	
CITY-ST-ZIP	PALM CITY FL 34990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARNEKA, SUE D	
STREET ADDRESS	PO Box 586	
CITY-ST-ZIP	HOBE SOUND FL 33475	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John W. Taylor* **JOHN W. TAYLOR** 1/20/00 561-781-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #