

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # **F55619** (3)

1. Corporation Name  
**NELSON FINANCIAL INDUSTRIES, INC.**

Principal Place of Business

**% E. MARK NELSON  
1495 WELLS RD.  
ORANGE PARK FL 32073**

Mailing Address

**% E. MARK NELSON  
1495 WELLS RD.  
ORANGE PARK FL 32073-2313**

3. Date Incorporated or Qualified  
**11/23/1981**

3a. Date of Last Report  
**01/30/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

4. FEI Number

**59-2137365**

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**NELSON, E. MARK  
1495 WELLS RD.  
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

**81** Name

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

**83**

**84** City

**FL**

**85** 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

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

(NOTE: Registered Agent signature required when restate(s))

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**PTD  
NAME NELSON, E. MARK  
STREET ADDRESS 1495 WELLS ROAD  
CITY-ST-ZIP ORANGE PARK, FL 00000**

**VSD  
NAME NELSON, CAROLYN S.  
STREET ADDRESS 1495 WELLS ROAD  
CITY-ST-ZIP ORANGE PARK, FL 00000**

☐ DELETE  
**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE  
**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE  
**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

☐ DELETE  
**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

**1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP**

**2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition  
**6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP**

14. I do 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

4/25/97 904-269-6786

CR2E034 (9/96)