

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90091 045 \*\*\*150.00

FORM 700

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000101061**

1. Corporation Name  
**SEVEN NATIONS, INC.**

Principal Place of Business	Mailing Address
P.O. BOX 3666 BRANDON FL 33509-3666	P.O. BOX 3666 BRANDON FL 33509-3666



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <b>6238 Blue Clay Court</b>	26 <b>P.O. Box 693</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Orlando, FL</b>	28 <b>Winderemere, FL</b>
24 <b>32819</b> 25 <b>Orange</b>	29 <b>34786-0693</b> 30

3. Date Incorporated or Qualified	<b>12/16/1996</b>	
4. FEI Number	<b>59-3449288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCLEOD, KIRK A**  
**8716 SANDBURY**  
**ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name	<b>Kirk A. McLeod</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6238 Blue Clay Court</b>	
83		
84 City	<b>Orlando, FL</b>	85 Zip Code <b>32819</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>MCLEOD, KIRK</b>
STREET ADDRESS	<b>8716 SANDBURY</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ANDERSON, NEIL</b>
STREET ADDRESS	<b>P.O. BOX 3666 N/A</b>
CITY-ST-ZIP	<b>BRANDON FL 33509-3666</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STRUBLE, JIM</b>
STREET ADDRESS	<b>P.O. BOX 3666 N/A</b>
CITY-ST-ZIP	<b>BRANDON FL 33509-3666</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Kirk McLeod</b>
1.3 STREET ADDRESS	<b>6238 Blue Clay Court</b>
1.4 CITY-ST-ZIP	<b>Orlando, FL 32819</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>James Struble</b>
3.3 STREET ADDRESS	<b>2587 Sigma Court</b>
3.4 CITY-ST-ZIP	<b>Orange Park, FL 32073</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4-28-99 407 248 2697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)