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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90091 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000101061

1. Corporation Name
SEVEN NATIONS, INC.

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

Mailing Address
P.O. BOX 3666
BRANDON FL 33509-3666

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number

59-3449288

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 6238 Blue Clay Court

26 P.O. Box 693

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Orlando, FL

Zip Country

24 32819

25 Orange

City & State

28 Wintermere, FL

Zip Country

29 34786-0693

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

Kirk A. McLeod

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

6238 Blue Clay Court

83

84 City

Orlando, FL

FL

85 Zip Code

32819

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCLEOD, KIRK
STREET ADDRESS 8716 SANDBURY
CITY-ST-ZIP ORLANDO FL 32819

TITLE D
NAME ANDERSON, NEIL
STREET ADDRESS P.O. BOX 3666 N/A
CITY-ST-ZIP BRANDON FL 33509-3666

TITLE D
NAME STRUBLE, JIM
STREET ADDRESS P.O. BOX 3666 N/A
CITY-ST-ZIP BRANDON FL 33509-3666

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

1.1 TITLE PD
1.2 NAME Kirk McLeod
1.3 STREET ADDRESS 6238 Blue Clay Court
1.4 CITY-ST-ZIP Orlando, FL 32819

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

3.1 TITLE D
3.2 NAME James Struble
3.3 STREET ADDRESS 2587 Sigma Court
3.4 CITY-ST-ZIP Orange Park, FL 32073

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99 407 248 2697

CR2E034 (11/98)