

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L86705

Entity Name: NALVIE & CO., INC.**Current Principal Place of Business:**ONE DOUGLAS STREET
HOMMSASSA, FL 34446**Current Mailing Address:**ATTN: CONTROLLER
P.O. BOX 3809
HOMOSASSA SPRINGS, FL 34447 US**FEI Number:** 65-0206848**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TANIO, JUN
ONE DOUGLAS STREET
HOMOSASSA, FL 34446 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR

Name INOUE, YUKIHISA

Address 18 UMENOKICHO
SHIMOGAMO

City-State-Zip: KYOTO KYOTO

Title ASST. TREASURER

Name TANIO, JUN

Address 8 PINE ST

City-State-Zip: HOMOSASSA FL 34446

Title VP, DIRECTOR

Name HAYASHI, RIEKO

Address 9 OKAZAKI MINAMI GOSHOMACHI
SAKYOKU

City-State-Zip: KYOTO KYOTO 606-8334

Title TREASURER

Name HAYASHI, KEI

Address 9 MINAMIGOSHO
OKAZAKI, SAKYOKU

City-State-Zip: KYOTO KYOTO 606-8334

Title SECRETARY

Name HAYAHSHI, YU

Address 9 MINAMIGOSHO
OKAZAKI, SAKYOKU

City-State-Zip: KYOTO KYOTO 606-8334

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUN TANIO**CONTROLLER****06/16/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date