

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 16 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # 125615 (5)**

1. Corporation Name

**NELSON & COMPANY INCORPORATED**

Principal Place of Business

**110 E BROADWAY  
OVIEDO FL 32765  
US**

Mailing Address

**P.O. BOX 789  
OVIEDO FL 32765  
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

**P. O. Box 620789**

Suite, Apt. #, etc.

27

City & State

28

**Oviedo, Florida 32762-0789**

Zip

Country

29

**32762**

30

**Seminole**

3. Date Incorporated or Qualified

**12/15/1931**

3a. Date of Last Report

**03/13/1995**

4. FEI Number

**59-0374460**

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

**BRUCE, MIRIAM W.  
110 E. BROADWAY  
OVIEDO FL 32765**

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 date if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

☐ DELETE

NAME

**P  
EVANS, ARTHUR F  
146 EAST BROADWAY  
OVIEDO, FL 00000**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

**VAS  
EVANS, CHARLES W.  
511 CHAPMAN ROAD  
OVIEDO, FL 00000**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

**V  
EVANS, DAVID L.  
6817 LAKE CHARM CIRCLE  
OVIEDO FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

**ST  
BRUCE, MIRIAM W.  
6365 LAKE CHARM CIRCLE  
OVIEDO FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Miriam W. Bruce*  
**MIRIAM W. BRUCE**

1-17-96

407-365-6631

D.D.

Daytime Phone #

CR2E034 (12/95)