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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Jul 10 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

199

DOCUMENT # 15454

(7)

NASSA	U BUILDING AND SUPPLY C	OMPANY						
Principal Plac	e of Business	Mailing Address				-{	DIOTE DE ELE DECIDIO DE ATÉ DE DE LE LA COMPE	
914 ATLANTIC	C AVE	914 ATLANTIC AVE						
STE. 1A FERNANDINIA BEACH FL 32034		ste. 1a Fernandina Beach Fl 32034				DO MOS MIDITE IN THIS ORAGE		
						DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
2 Principal P	Place of Business	2a. Mailing Address				04/05/1948 4. FEI Number	A linet F	
<del>-</del>	ace of Business	26				-	Applied For	
Suite, Apt.	#. etc	Suite, Apt. #, etc.				59-0580510	Not Applicable \$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Countr	у		8. This corporation owes or has paid the	current year Intangible	
24	25	29	30			Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Current	Registered Agent		т		10. Name and Address of New Register	ed Agent	
	CRANIE, MICHAEL S		81	Name	)			
	I AȚLANTIC AVE		82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
	E. (A			ļ				
) FEI	RNANDINA BCH FL 32034		83	<b>'</b>				
			84	City			85 Zip Code	
							EL   10   Zip Gode	
office or r agent I a SIGNATURE	registered agent, or both, in the State or im familiar with, and accept the obligation of the state of the st					oration submits this statement for the purposition's board of directors. I hereby accept the		
12.	OF LICERS AND		13.	pent signatur	· e required	ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE	1.1 TITLE		T		Change Addition	
NAME	<b>8</b> 0UHAMMAN, CLAYTON		1.2 NAME	1,2 NAME		BUCHANAN, CLAYTON		
STREET ADDRESS	14 ATLANTIC AVE., STE. 1A		1.3 STREET ADDRESS			·		
CITY-ST-ZIP	FERNANDINA BCH FL		1.4 CITY-	ST-ZIP				
TITLE	<b>S</b> T	DELETE	2.1 TITLE				Change Addition	
NAME	MCCRANIE, MICHAEL S		2.2 NAME		Ì			
STREET ADDRESS	914 ATLANTIC AVE., STE. A1		2.3 STREET ADDRESS					
CITY-ST-ZIP	CALLAHAN FL	ALLAHAN FL 2		2. 4 CiTY-S1-ZIP				
TITLE		☐ DELFTE	3.1 TITLE				Charige Addition	
NAME )			3.2 NAME		1			
STREET ADDRESS	· ·		3 3 STREE	t address				
CITY-ST-ZIP			3.4. CITY	ST-7iP	<u> </u>			
TITLE		☐ DELETE	4.1 TITLE				Change Addition	
NAME			4. 2 NAME		ļ			
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY+ST-ZIP			4 4 CITY-	S1-7IP	<u> </u>			
TITLE		L. DELETE	5.1 TITLE		İ	0000025858	ChangeAddition	
NAME	5.		5.2 NAME	5.2 NAME		-07/13/9801010016 S		
STREET ADDRESS			5.3 STREE	1 address		***150.00	7/14	
CITY-ST-ZIP			5.4 C(TY-	ST-ZIP	1	444 CO COO	1, 10	
TITLE		DILETE	6.1 TITLE			0000025858	Change Addition	
NAME			62 NAME			-07/13/9801010		
STREET ADDRESS				T ADDRESS		***400.00	013	
CITY OF 71D	$\sim$		E A Drilly	C1.7ID	1	かかかていい。ひじ		

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 logal 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 1. If ganged, or on an attachment with an address.