FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **385421** **(3)**

1. Corporation Name
NESTOR SALES CO., INC.

Principal Place of Business	Mailing Address
7337 BRYAN DAIRY RD LARGO FL 34647 US	P O BOX 1650 PINELLAS PARK FL 34664-1650 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/16/1971	3a. Date of Last Report: 05/09/1994
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
4. FEI Number: 59-1355840	☐ 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

NESTOR, BRIAN
7337 BRYAN DAIRY ROAD
LARGO FL 34647

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	DIRECTOR ONLY	☒ Change ☐ Addition
NAME	NESTOR,ROBERT G	1.2 NAME		
STREET ADDRESS	2795 KIPPS COLONY DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	PRESIDENT + DIRECTOR	☒ Change ☐ Addition
NAME	NESTOR, BRIAN	2.2 NAME		
STREET ADDRESS	900 79TH ST SOUTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VICE-PRESIDENT, SEC-TREA, + DIRECTOR	☒ Change ☐ Addition
NAME	HULING, MICHAEL C.	3.2 NAME		
STREET ADDRESS	2990 EXETER DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Michael C Huling, Michael C Huling 4/24/95 (813)544-6114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0460479 FP