

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

DOCUMENT # 385421 (3)

1. Corporation Name
NESTOR SALES CO., INC.



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

3. Date Incorporated or Qualified: 07/16/1971
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.
4. FEI Number: 59-1355840
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 (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), 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] (NOTE: Registered Agent signature required when reinstating) DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NESTOR, ROBERT G 2795 KIPPS COLONY DRIVE GULFPORT FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD	NESTOR, BRIAN 900 79TH ST SOUTH ST PETERSBURG FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VSTD	HULING, MICHAEL C. 2990 EXETER DRIVE CLEARWATER FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: []	[]	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] BRIAN NESTOR PRES Date: 7-29-96 Daytime Phone #: 813-544-6114

CR2E034 (12/95)