

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 # 409387 (8)

1. Corporation Name

CLARENCE NAHM, INC.



Principal Place of Business

9743 W. HILLSBOROUGH AVE.
TAMPA FL 33615

Mailing Address

9743 W. HILLSBOROUGH AVE.
TAMPA FL 33615

2. Principal Place of Business

21 17010 CRAWLEY RD.

Suite, Apt. #, etc.

22

City & State

23 ODESSA, FL.

Zip Country

24 33556-2049 25 US

2a. Mailing Address

26 17010 CRAWLEY RD.

Suite, Apt. #, etc.

27

City & State

28 ODESSA, FL.

Zip Country

29 33556-2049 30 US

3. Date Incorporated or Qualified
09/25/1972

3a. Date of Last Report
08/10/1995

4. FEI Number

59-1415132

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

NAHM, MARK B.
9743 W HILLSBOROUGH AVE
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

MARK NAHM

82 Street Address (P.O. Box Number is Not Acceptable)

17010 CRAWLEY RD.

83

84

ODESSA

FL

85 Zip Code

33556-2049

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

MARK B. NAHM, MARK B. NAHM PRES.

15 MAY 96

Signature typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent's signature required when re-stating.)

Date

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME NAHM, MARK B
STREET ADDRESS 17010 CRAWLEY ROAD
CITY - ST - ZIP ODESSA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

33556-2049

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ 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: MARK B. NAHM MARK B. NAHM 15 MAY 96 813 920 4583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)