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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 411806

1. Corporation Name
NAN'S CREATIONS, INC.

Principal Place of Business
2595 FEIFFER CIRCLE
SARASOTA FL 34235
US

Mailing Address
P O BOX 275
SCALY MTN NC 28775
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1972

4. FEI Number

59-1425115

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 955 LAKESIDE DR

Suite, Apt. #, etc.

23 City & State

Scaly MT. N.C.

24 Zip

28775

25 Country

NC

2a. Mailing Address

26 Same as

Suite, Apt. #, etc.

27 City & State

above

28 Zip

28775

29 Country

NC

Country

30

9. Name and Address of Current Registered Agent

HESSE, ROBERT L
2070 RINGLING BLVD.
SARASOTA FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ST
OSTEMA, DENNIS
STREET ADDRESS
2595 FEIFFER CIRCLE
CITY-ST-ZIP
SARASOTA FL 34235

TITLE ☐ DELETE

NAME
P
OSTEMA, NANCY
STREET ADDRESS
2595 FEIFFER CIRCLE
CITY-ST-ZIP
SARASOTA FL 34235

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
955 LAKESIDE DR
SCALY MT. N.C 28775

21 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
955 LAKESIDE DR
SCALY MT. N.C 28775

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 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 with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/5/99 828-526-8459
Daytime Phone #

CR2E034 (11/98)