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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 419747

1. Corporation Name

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90157 043 ***150.00

Principal Place of Business 30 kiNGS ROAD NORTH CALLAHAN FL 32011 2. Principal Place of Business 3. Date Incorporated or Qualified 02/23/1973 2. Principal Place of Business 21	NASSAU	HIMBER CO INC					
30 KINGS ROAD NORTH CALAHAN FL 32011 2. Pripropal Flace of Business, 2. Surface of Business, 2. Malipro Address	Principal Place	of Rusiness	Mailing Address)(INII OSAUL IVOI
CALLAHAN FL 32011 CALLAHAN FL 32011 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified Q2/23/19/73 Applied For Not Applicable Suite, Apt. F. etc. Election Camping Financing Apt. Election Camping Financing B. This corporation and Address of New Registered Agent In Name B. Election Camping Financing B. This corporation and Address of New Registered Agent In Name B. Suite Address (P. O. Bux Number is Not Acceptable) B. Suite Address (P. O. Bux Number is Not Acceptable) B. Suite Address (P. O. Bux Number is Not Acceptable) B. Suite Address (P. O. Bux Number is Not Acceptable) B. Suite Address (P. O. Bux Number is Not Acceptable) B. Suite Add			-				
2. Principal Place of Business 3. Date Incorporated of Qualifies 02/23/1973 4. FE Number Applied For 1. Applied For							
2 Principal Place of Business 2 Substantial Process 2 Substantial						4IS SPACE	
2. Propriosi Prison of Business 2. Sulfe, Apt. R. etc. 2. Sulfe, Apt					-		
Solida April 4 Soli							nlind For
Sulfa, Apr. II., etc. Sulfa, Apr. II., etc. Sulfa, Apr. II., etc. Sulfa, Apr. II., etc. Status Desired S8.75 Additional Peo Required Peo Required 230 Sulfa, Apr. II., etc. Sulfa, Apr. II., etc. Sulfa, Apr. II., etc. Sulfa, Apr. III., etc. Sulfa, Apr.				67	**	<u> </u>	<u> </u>
Sc. Certification of Status Desired Fee Required Fee Require		21 South Kings Nuad		, , , , , , , , , , , , , , , , , , , 	39-1443096		
City & Siste 20		#, etc.	<u> </u>		5. Certifcate of Status Desired		
Zer Coupty Zer		9111		TI	6. Election Campaign Financing	\$5.00	Mav Be
20 20 25 25 25 25 25 25			28 Callahan	. //		•	- 1
9. Name and Address of Current Registered Agent BLACKARD, WILLIAM R. JR. 1609 BARNETT BANK BLDG. 112 WEST ADAMS ST. JACKSONVILLE FL 32202 44 City FL 85 Zip Code 45. Pursuant to the provisions of Section of	Zip	211 N/2 (CA1)					□No
BLACKARD, WILLIAM R. JR. 1609 BARNETT BANK BLDG. 112 WEST ADAMS ST. JACKSONVILLE Ft. 32202 11. Pursual to the provisions of Section ### Dougle of the provision ### Dougle of the	24					ed Agent	
11. Pursuant to the provisions of Section 11 05th 1 10th 1				81 Name			
11. Pursuant to the provisions of Sector/15 550 of 151 FLA Views 1, 150 FL					ress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32202 Additional Company Addit					,		
11. Pursuant to the provisions of Section #17 OSC # 15 OF Fig. 15	_			83			
1. Pursuant to the provisions of Section 17	JAC	SONVILLE FL 32202	1/1h 1	84 City		85 Zip (Code
agent. I am familiar with, and acceptificiophyships of factor profiles in the composition of the composition				- '		▝▙▕▕	
SIGNATURE Signature, typed or proted organization for inginity google after tabulage, caste. 12. OFFICE/IS.AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ST OFFICE/IS.AND DIRECTORS 1.1 TITLE STREET ADDRESS 2.14 W 1ST AVE CALLAHAN, FL 00000 1.4 CITY-ST-2IP TITLE P ORGANIZATIONESS CONVILLE, FL 00000 1.4 CITY-ST-2IP TITLE D ORGANIZATIONESS CITY-ST-2IP TITLE NAME SHAVE IS A DRIVE N. 2.2 STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE ORGANIZATIONESS CITY-ST-2IP TITLE ORGANIZATION	11. Pursuant to	to the provisions of Sections (0) .050 egistered agent, or both (1) State of familiar with and access regularity	/ #/4 607 #606, #loride Statutes, # Horidal Such marge plastauth ### of Section 607.0504. #lorid	, the above-named corp norized by the corporation Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered
Signature, hyper or printed inglessery suggested and transparted depent suggested stagent suggested suggested stagent suggested stagent suggested stagent suggested suggested suggested stagent suggested suggested suggested suggested stagent suggested		KK VK	4441111				
TITLE ST DELETE 1.1 TITLE	SIGNATURE	Signature, typed or printed name of registered agent	and title Papplicable. (NOTE: Re	egistered Agent signature require			
SHAVE, L C	12.				ADDITIONS/CHANGES TO OFFICERS		
STREET ADDRESS CALLAHAN, FL 00000	TITLE		[] DELETE			Change	☐ Yaqqqqqii
CTY-ST-ZEP CALLAHAN, FL 00000				i			
TITLE				1			
SHAVE JR, LEIGHTON STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	——— —		□ DELETE			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 00000 DELETE 3.1 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL		•		l i		<u></u>	-
CITY-ST-ZIP				1			•
TITLE							
NAME STREET ADDRESS CITY_ST_ZIP TITLE DELETE STITLE STREET ADDRESS CITY_ST_ZIP TITLE DELETE STITLE STREET ADDRESS CITY_ST_ZIP TITLE NAME STREET ADDRESS CITY_ST_ZIP TITLE STREET ADDRESS CITY_ST_ZIP TITLE NAME STREET ADDRESS CITY_ST_ZIP TITLE STREET ADDRESS CITY_ST_ZIP TITLE STREET ADDRESS CITY_ST_ZIP TITLE STREET ADDRESS CITY_ST_ZIP TITLE NAME STREET ADDRESS		JACKSONVILLE, I L 00000	☐ DELETE			☐ Change	☐ Addition
STREET ADDRESS 33 STREET ADDRESS 34. CITY-ST-ZIP	1		_	3.2 NAME			:
CITY-ST-ZIP				l t		•	
TITLE				3.4. CITY-ST-ZIP			
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			☐ DELETE	4.1 TITLE		☐ Change	Addition
CITY-ST-ZIP	NAME			4. 2 NAME		•	
TITLE DELETE 51 TITLE Change Addition NAME 52 NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS CHANGE ST ZID	STREET ADDRESS			4.3 STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 6.1 TITLE NAME STREET ADDRESS 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS	CITY-ST-ZIP			4.4 CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS	TITLE		☐ DELETE	The state of the s		∐ Change	
54 CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition Additi	NAME						
TITLE DELETE 6.1 TITLE Change Addition	STREET ADDRESS						
NAME STREET ADDRESS 6.2 NAME 6.3 STREET ADDRESS			C DOLETE			Change	☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS		•	Delete /			□ Change	
STREET AUDICOS				II i			
Criy-ST-ZIP			//				
14. I hereby certify that the information supplied with the 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		ertify that the information aunatied with	h this filing does not qualify for the		Section 119.07(3)(i), Florida Statutes, I further	certify that the in	nformation

indicated on this annual report of supplemental annual report is true and accurate appoint my signature shall have the same legal effect of the corporation of the reconveryor trustee-empowed 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:

E OF SIGNING OFFICER OR DIRECTOR