

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

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90034 029 *****150.00

DOCUMENT # 582427

1. Corporation Name
NAIL FARMS, INC.

Principal Place of Business
4380 NAIL FARM RD
P O BOX 360054
MELBOURNE FL 32936

Mailing Address
4380 NAIL FARM RD
P O BOX 360054
MELBOURNE FL 32936



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/16/1978

4. FEI Number
59-1853512

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

2a. Mailing Address

1. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

3. Zip Country

28. Zip Country

4. 25

29. 30

9. Name and Address of Current Registered Agent

O'BRIEN, JAMES M.
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
1686 West Hibiscus Blvd.

83.

84. City
Melbourne

FL 85. Zip Code
32901

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

1/7/98

12. OFFICERS AND DIRECTORS

TITLE PS
NAME NAIL, DOTTIE MAE
STREET ADDRESS 4400 NAIL FARM RD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE V
NAME NAIL, H. CLARK
STREET ADDRESS 4420 NAIL FARM RD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE V
NAME NAIL, RONALD R.
STREET ADDRESS NAIL FARM RD
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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: Dottie Mae Nail Jan 5, 1999 407 258-7553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)