FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT



Sandra B. Mortham

7.0	1996				CORPORATIO	NS			
DOC	CUMENT Oration Name	# 63029	99	(6)					
		OVES & NURSE	RY, INC.						
Principal Place of Business Mailing Address							T TO THE RESERVE THE PROPERTY OF THE PROPERTY	• (•)(•)•	811 81811 81811 81811 81811 1881
	ELAWARE AVENU	E	3407 DELAWARE AVENUE FORT PIERCE FL 34947						
FORI	PIERCE FL 34947		TON	FIERUE FE 3434	,,		3. Date incorporated or Qualified	3a. Dat	e of Last Report
							07/23/1979		1/20/1995
2. Princi	pal Place of Busin	ess	2a. Mailing Address			4. Ft l Number 59-1935295		Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Additional	
22 Suite,	. дрт. #, етс.		27				5. Certificate of Status Desired	Ш	Fee Required
	State			& State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
23 Zip		Country	28 Zip		Country		8. This corporation has liability for	intangible t	
24		25	29		30		Floridia Statutes Yes	i ∐ No	
	9. Nami	and Address of Curr	ent Registere	d Agent	81	Name	10. Name and Address of New	Registered	Agent
P/10	NG, JOHN R						ress (P.O. Box Number is Not Accepta	Fulish	
	10, JUHN N 07 DELAWARE	AVENUE			82	Street Addi	ress (m.O. box retirines is not accepte		
	RT PIRECE, FL				83				
34	947				84	City		FL	85 Zip Code
11 Pur	suant to the provis	sions of Sections 607.05	02 and 607.15	08, Florida Statute	es, the above r	named corpo	ration submits this statement for the pu	irpose of ch	nanging its registered office
or re	egistered agent, o	r both, in the State of Fleot the obligations of, Se	orida. Such ch ection 607.050	ange was authoriz 5, Florida Statutes	red by the corp s.	oration's boa	ration submits this statement for the puriod directors. Thereby accept the app	ontment a	is registered agent. Fam
SIGNAT	URE				DIE: Registered Apa			TAG	
12.	Signature, type	d or printeo name of registered at OFFICERS A	AND DIRECTO		13.	USQ know reques	ADDITIONS/CHANGES TO OF	FICERS AN	
TITLE	SD	_		DELETE	1 1 THILE				Change Addition
NAME		CARLA SUE			1.2 NAME	1000100			
STREET AD	CT DIE	DELAWARE AVENUE ERCE, FL 00000			1.3 \$18661 1.4 CHY- \$				
CITY-SI-Z	PD	INCE, FE 00000		DELETE	2 1 7 11 6	21-21			Change Addition
NAME		JOHN R			2.2 NAME				
STREET AD	DRESS 3407	DELAWARE AVENUE			2.3 STREE	ADDRESS			
CITY-ST-	ZIP FT PIE	RCE, FL 00000			2.4 CHY - 3	ST - ZIP			Change Addition
TITLE	D	OL 4 DVO E		DELETE:	3 1 117:15				[] dutings [] vicesties
NAME	1 0407	GLADYS E DELAWARE AVENUE	:		3.2 NAME	LADDRESS			
STREET AD	ET DI	ERCE, FL 00000	•		3 4 C/TY-	i			
CITY-ST-	VID	ENOCH I E GOOD		DELETE	4 1 TIF(F				Change Addition
NAME		JOHN R JR			4.2 NAME				
STREET AD		DELAWARE AVENUE				T ADDRESS			
CITY-SI-	ZIP FT PH	RCE, FL 00000		F) RÉI ETI	4.4 CHY -	S1 - ZiP			Change Addition
TITLE				DELETE	5 1 TITLE 5 2 NAME				
NAME CTRLLT AF	JUDECC					LADDRESS			
STREET AS	1				5 4 C!TY-				
TITLE	£"			DELETE	6 1 TITLE				Change Addition
NAME					6.2 NAME				
STREET AC	DDRESS				1	I ADDRESS			
0.75 01	7.0				6.4 CiTY -	ST-7IP			

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: John R. King Jr. John R. King Jr.

1/12/96 (407) 461-6047