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 # **F15936** **(0)**

1. Corporation Name

NELSON'S SERVICE, INC.

Principal Place of Business	Mailing Address
3490 TOM'S CT. P.O.BOX 609 GREEN COVE SPRINGS FL 32043 US	3490 TOMS CT..GREEN COVE SPGS. PO BOX 609 PENNEY FARMS FL 32079 US

3. Date Incorporated or Qualified: **01/23/1981**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-2055146**	☐ Applied For ☐ Not Applicable
21	26 PO Box 609		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 Penney Farms, Fl	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 32079 / Country 30 CNY	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

NELSON, ROLAND W
3490 TOM'S COURT
GREEN COVE SPRINGS FL 32043

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 _____ (Note: Registered Agent Signature Required When Submitting) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, ARDELLA, D.		1.2 NAME		
STREET ADDRESS	3490 TOM'S CT.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, ROLAND W		2.2 NAME		
STREET ADDRESS	3490 TOM'S COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, KIRBY W.		3.2 NAME		
STREET ADDRESS	3490 TOM'S COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, KERRY L		4.2 NAME		
STREET ADDRESS	3490 TOM'S COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, KEVYN T.		5.2 NAME		
STREET ADDRESS	3490 TOM'S COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Roland W Nelson Roland W. Nelson 17 Jan 1996 904-264-7284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #