

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1997 8:00am
Secretary of State

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		POST OFFICE BOX 609 PO BOX 609 PENNEY FARMS FL 32079-0609 US	
2. Principal Place of Business		2a. Mailing Address	
21 3490 Tom's CT		26 PO Box 609	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 GREEN COVE SPRINGS		27 PO Box 609	
City & State		City & State	
23 FL		28 PENNEY FARMS	
Zip		Zip	
24 32043		29 32079	
Country		Country	
25 Clny USn		30 Clny USA	

3. Date Incorporated or Qualified	3a. Date of Last Report
01/23/1981	01/30/1996
4. FEI Number	Applied For
59-2055146	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, KEVIN 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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Roland W Nelson

ROLAND W NELSON

6 Mar 1997

904264 7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)