

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90003 043 ***150.00

0117049

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000910 ✓

1. Corporation Name
NATIONAL CON-SERV, INC.

Principal Place of Business
**451 HUNGERFORD DR.
SUITE 408
ROCKVILLE MD 20850**

Mailing Address
**451 HUNGERFORD DR.
SUITE 408
ROCKVILLE MD 20850**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/01/1993

4. FEI Number
74-1702534

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. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANN, GEORGE A
3720 HUNT CLUB ROAD
JACKSONVILLE FL 32216**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3733 CAMDEN ISLAND COURT, S

83

84 City
JACKSONVILLE

FL

85 Zip Code
32224

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 ☐ DELETE
NAME **COB**
STREET ADDRESS **MANN, GEORGE A.**
CITY-ST-ZIP **3720 HUNT CLUB ROAD
JACKSONVILLE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **C/P/D**
1.3 STREET ADDRESS **3733 CAMDEN ISLAND COURT, S**
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MANN, GEORGE A**
CITY-ST-ZIP **3720 HUNT CLUB RD.
JACKSONVILLE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **C/P/D**
2.3 STREET ADDRESS **3733 CAMDEN ISLAND COURT, S**
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **BORDEAUX, SHELIA**
CITY-ST-ZIP **1104 HIGHWOOD ROAD
ROCKVILLE MD 20851**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **4830 WALTONSHIRE CIRCLE**
3.4 CITY-ST-ZIP **OLNEY, MD 20832**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **VAN DUSEN, DENNIS R**
CITY-ST-ZIP **11023 CRTOSS LAUREL DR.
GERMANTOWN MD**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **V/T/D**
4.3 STREET ADDRESS **7905 WINDSOR KNOLL LANE**
4.4 CITY-ST-ZIP **LAYTONSVILLE, MD 20882**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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.

SIGNATURE: **Dennis R. Van Dusen** DENNIS R. VAN DUSEN

7/2/99

(301) 251-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

F93000000910
588559-90003-43



451 Hungerford Drive, Suite 408
Rockville, Maryland 20850
(301) 251-1880

July 2, 1999

Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: National Con-Serv, Inc. ID # 74-1702534

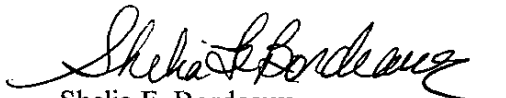
Dear Sir or Madam,

I received a 2nd Notice for our 1999 Annual Report on July 1, 1999. I spoke with one of your representatives today to inform her that I did not receive the original report packet and to verify that no one else in my office had filed the report. Your representative advised me that she had not receive the report and to include this letter to inform you of the reason for the late filing of this report. In addition she also informed me to pay the \$150.00 fee, since I never received the original packet, and not the \$550.00 fee. Therefore, I have enclosed the signed 1999 Profit Corporation Annual Report along with a check in the amount of \$150.00.

If you have any further questions, please feel free to call me at (301) 251-1880 Ext. 9283.

Thank you for help in this matter.

Sincerely,


Shelia F. Bordeaux
Corporate Secretary