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).

PROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90003 044 ***150.00

0000546

DOCUMENT # F97000000624

1. Corporation Name
FRANK E. NATHAN, INC.

Principal Place of Business
PO BOX 485
LILBURN GA 30226

Mailing Address
PO BOX 485
LILBURN GA 30226

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/06/1997

2. Principal Place of Business
21 6625 Brookline Ct.
Suite, Apt. #, etc.
22
City & State
23 Cumming, GA
Zip 24 30130 Country 25

2a. Mailing Address
26 6625 Brookline Ct
Suite, Apt. #, etc.
27
City & State
28 Cumming, GA
Zip 29 30130 Country 30

4. FEI Number 52-0730598 — 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

9. Name and Address of Current Registered Agent
HASS, STEVE
1231 NW 99TH AVE.
FT. LAUDERDALE FL 33322

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

TITLE	P	☐ DELETE
NAME	HARRELL, JIM	
STREET ADDRESS	6625 BROOKLINE CT.	
CITY-ST-ZIP	CUMMING GA 30130	
TITLE	ST	☐ DELETE
NAME	HARRELL, JUDY	
STREET ADDRESS	6625 BROOKLINE CT.	
CITY-ST-ZIP	CUMMING GA 30130	
TITLE	V	☐ DELETE
NAME	HASS, STEVE	
STREET ADDRESS	1231 NW 99TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33322	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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: SIGNATURE REQUIRED 7/27/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

F4'[illegible]
411342

GERALD R. STINNETT CPA, P.C.

Certified Public Accountant
5440 LAWRENCEVILLE HIGHWAY
P.O. BOX 485
LILBURN, GEORGIA 30048

Member of
American Institute of Certified Public Accountants
Georgia Society of Certified Public Accountants

TELEPHONE
(770) 925-3660
FAX (770) 925-4752

July 26, 1999

Divisions of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Frank E. Nathan, Inc.

Dear Sir:

This letter is regarding the attached form. The taxpayer never received the original notice from Florida Department of State. If the report had been received, it would have been filed on a timely basis. If you will review your records, you will see the taxpayer has always filed the annual report on a timely basis. We respectfully request abatement of all late filing fees.

Please contact my office if you have any questions.

Sincerely,

Gerald R. Stinnett CPA, P.C.

Enclosures