

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

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Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90067 021 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS.
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DOCUMENT # F97000002965

1. Corporation Name
NETTLES INVESTMENTS, INC.

Principal Place of Business 5290 S RUNNING BROOK DR HOMOSASSA FL 34448 US	Mailing Address 5290 S RUNNING BROOK DR HOMOSASSA FL 34448 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 931 NORBOTA WAY Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FL Zip Country 24 34242-1037 25 SARASOTA	2a. Mailing Address 26 931 NORBOTA WAY Suite, Apt. #, etc. 27 City & State 28 SARASOTA, FL Zip Country 29 34242-1037 30 SARASOTA
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3. Date Incorporated or Qualified 06/06/1997	4. FEI Number 48-1581627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent NETTLES, EDWARD W 5290 S RUNNING BROOK DR HOMOSASSA FL 34448	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 931 NORBOTA WAY 83 84 City SARASOTA 85 Zip Code FL 34242-1037
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10. Name and Address of New Registered Agent
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTLES, EDWARD W	1.2 NAME	
STREET ADDRESS	5290 S RUNNING BROOK DR	1.3 STREET ADDRESS	931 NORBOTA WAY
CITY-ST-ZIP	HOMOSASSA FL 34448	1.4 CITY-ST-ZIP	SARASOTA FL 34242-1037
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NETTLES, JENEANE L	2.2 NAME	
STREET ADDRESS	5290 S RUNNING BROOK DR	2.3 STREET ADDRESS	931 NORBOTA WAY
CITY-ST-ZIP	HOMOSASSA FL 34448	2.4 CITY-ST-ZIP	SARASOTA, FL 34242-1037
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: Jeneane L. Nettles 3/19/99 941-346-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)