

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F97000003910

1. Corporation Name

NAS SERVICES, INC.

Principal Place of Business

**4101 CALIFORNIA AVE
KENNER LA 70065
US**

Mailing Address

**4101 CALIFORNIA AVE
KENNER LA 70065
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1997

4. FEI Number

72-1267502

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 Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**MARCADIS, RALPH S
3400 W. KENNEDY
TAMPA FL 33609**

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	CP	1.1 TITLE	
NAME	NEWTON, WILLIAM J	1.2 NAME	
STREET ADDRESS	300 SOUTHERN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER RIDGE LA 70123	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	JEFFERSON, SCOTT M	2.2 NAME	
STREET ADDRESS	1785 COLISEUM	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW-ORLEANS LA 70130	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	BRENAN, THOMAS E IV	3.2 NAME	
STREET ADDRESS	811 L. ARTHUR CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SLIDELL LA 70448	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90151 061 ***150.00

04-14-1999 90151 062 *****8.75



CR2E034 (1/1/98)