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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000000887

1. Corporation Name
NATIONAL>NNL GROUP, INC.



Principal Place of Business
305 MOUNTAIN DR.
DESTIN FL 32541

Mailing Address
305 MOUNTAIN DR.
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

75-2326746

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

2. Principal Place of Business

21 11764 Marco Beach Dr.

22 Suite, Apt. #, etc.
Suite 10

23 City & State
Jacksonville F

24 Zip Country
32224 Duval

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

BOOKHOLT, PETER
305 MOUNTAIN DR.
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name
Peter Bookholt

82 Street Address (P.O. Box Number is Not Acceptable)
3823 Hunt Club Rd

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

TITLE CP ☐ DELETE

NAME BOOKHOLT, PETER
STREET ADDRESS 3823 HUNT CLUB RD.
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE DST ☐ DELETE

NAME BOOKHOLT, CONNIE
STREET ADDRESS 3823 HUNT CLUB RD.
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE V ☐ DELETE

NAME BRETT, THADD
STREET ADDRESS 220 ISLE DR.
CITY-ST-ZIP ST. PETERSBURG BEACH FL 33706

TITLE VP ☐ DELETE

NAME CABEEN, JULES
STREET ADDRESS 21 ARBOR CLUB DRIVE, #212
CITY-ST-ZIP PONTE VEDRA FL 32082

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
Peter Bookholt

3/10/99

904 620-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/1/98)