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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G86865

(4)

1. Corporation Name

NELSON HOLDING, INC.

40 PAUL F. KEATING

Principal Place of Business

35 CROSS STREET
PEABODY MA 01960 - 1608

Mailing Address

35 CROSS STREET
PEABODY MA 01960 - 1608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/29/1984

4. FEI Number

59-2481228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

GORDON, WILLIAM ESQUIRE
RT. #3 BOX 3050
3050 STATE RD. #30 26
MELROSE FL 32666

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

(NO. 1) Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PTDS ☐ DELETE

NAME KEATING, PAUL F
STREET ADDRESS 35 CROSS STREET
CITY-ST-ZIP PEABODY MA 01960

TITLE AS ☐ DELETE

NAME GORDON, WILLIAM ESO.
STREET ADDRESS 3050 STATE RD. #30 26
CITY-ST-ZIP MELROSE FL 32666

TITLE AS ☐ DELETE

NAME MORAN, PHILIP D
STREET ADDRESS 265 ESSEX STREET
CITY-ST-ZIP SALEM MA 01970

TITLE VD ☐ DELETE

NAME KEATING, PAULA J
STREET ADDRESS 449 SUMMER ST
CITY-ST-ZIP LYNNFIELD MA 01940

TITLE ATD ☐ DELETE

NAME KEATING, ALLISON J
STREET ADDRESS 25 TAPLEY ST
CITY-ST-ZIP LYNN MA 01904

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS

64 CITY-ST-ZIP

26

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LYNN MA 01904

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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.

CR2E034 (10/97)