

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

000059

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90206 044 \*\*\*158.75

**DOCUMENT # G86865**

1. Corporation Name  
**NELSON HOLDING, INC.**

Principal Place of Business

C/O PAUL F. KEATING  
35 CROSS STREET  
PEABODY MA 01960-1608

Mailing Address

C/O PAUL F. KEATING  
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  
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 **90 PAUL F. KEATING**

2a. Mailing Address

26 **90 PAUL F. KEATING**

Suite, Apt. #, etc.

22 **111 Allen Ave**

Suite, Apt. #, etc.

27 **111 Allen Ave**

City & State

23 **Falmouth, MA**

City & State

28 **Falmouth, MA**

Zip

24 **02540**

Country

25 **USA**

Zip

29 **02540**

Country

30 **USA**

9. Name and Address of Current Registered Agent

GORDON, WILLIAM ESQUIRE  
RT. #3 BOX 3050  
3050-STATE RD. #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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTDS	<input type="checkbox"/> DELETE
NAME	KEATING, PAUL F	
STREET ADDRESS	35 CROSS STREET	
CITY-ST-ZIP	PEABODY MA 01960	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GORDON, WILLIAM ESQ.	
STREET ADDRESS	3050 STATE RD. #26	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MORAN, PHILIP D	
STREET ADDRESS	265 ESSEX STREET	
CITY-ST-ZIP	SALEM MA 01970	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEATING, PAULA J	
STREET ADDRESS	449 SUMMER ST	
CITY-ST-ZIP	LYNNFIELD MA 01940	
TITLE	ATO	<input type="checkbox"/> DELETE
NAME	KEATING, ALLISON J	
STREET ADDRESS	25 TAPLEY ST	
CITY-ST-ZIP	LYNN MA 01904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)