

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # H15244 (7)
1. Corporation Name
NERAK, INC.



Principal Place of Business Mailing Address
111 EBERHARD DR.
RT. 2, BOX 1706
PALATKA FL 32177
111 EBERHARD DR.
RT. 2, BOX 1706
PALATKA FL 32177-0620

2. Principal Place of Business 2a. Mailing Address
21 104 STANTON ST 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
HASTING RI City & State
23 32145 28 ST JOHNS
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
08/03/1984 06/21/1996
4. FEI Number Applied For
59-2711857 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JONES, TEDDY H.
111 EBERHARD DR.
RT. 2, BOX 1706
PALATKA FL 32177

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 fee, if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Teddy H. Jones TEDDY H. JONES 4-15-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TEDDY H	1.2 NAME	
STREET ADDRESS	RT. 2, BOX 1706	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	
TITLE	DSV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DOROTHY B	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 1706	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, MARGARET E	3.2 NAME	
STREET ADDRESS	120 CROUSE LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORAHOME FL	3.4 CITY-ST-ZIP	
TITLE	DTY <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, HENRY	4.2 NAME	
STREET ADDRESS	120 CROUSE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLORAHOME FL 32140	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 do 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.

SIGNATURE: Signature typed or printed name of signing officer or director
Teddy H. Jones TEDDY H. JONES 4-15-97 904-328-0725

CR2E034 (9/96)