

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

FILED
Mar 04 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 # H15244 (7)
1. Corporation Name
NERAK, INC.

Principal Place of Business
104 STANTON ST
RT. 2, BOX 1708
HASTING FL 32145
US

Mailing Address
111 EBERHARD DR.
RT. 2, BOX 1706
PALATKA FL 32177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 104 STANTON ST		26 PO BOX 30438		08/03/1984	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 HASTINGS FL		28 JACKSONVILLE FL		59-2711857	
24 32145		29 32230		5. Certificate of Status Desired	
25 ST JOHN		30 DUVAL		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	
23 HASTINGS FL		28 JACKSONVILLE FL		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year intangible	
24 32145		29 32230		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country		Country			
25 ST JOHN		30 DUVAL			

9. Name and Address of Current Registered Agent

JONES, TEDDY H.
111 EBERHARD DR.
RT. 2, BOX 1708
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name	JONES TEDDY H
82 Street Address (P.O. Box Number is Not Acceptable)	5120 OAKSIDE DR
83	
84 City	JACKSONVILLE FL
85 Zip Code	32244

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 Teddy H Jones (NOTE: Registered Agent signature required when reinstating) DATE JAN 10, 1998

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVM	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, TEDDY H	1.2 NAME	
STREET ADDRESS	RT. 2, BOX 1708	1.3 STREET ADDRESS	5120 OAKSIDE DR.
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32244
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, MARGARET E	2.2 NAME	
STREET ADDRESS	120 CROUSE LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORAHOME FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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: Teddy H Jones 904-778-3376
JAN 10 98

CFR2034 (10/97)