

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H24781**

(7)

1. Corporation Name

NAILS & NAILS INC.



Principal Place of Business

Mailing Address

**1616 N WASHINGTON BLVD.
SARASOTA FL 34236-2725**

**1616 N WASHINGTON BLVD.
SARASOTA FL 34236-2725**

3. Date Incorporated or Qualified
10/10/1984

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

21 **615 59th ST W**
Suite, Apt. #, etc.

22
City & State
23 **BRADENTON FL.**

24 **34209** Country
25 **USA**

2a. Mailing Address

26 **7205 POINTE WEST BLVD**
Suite, Apt. #, etc.

27
City & State
28 **BRADENTON FL**

29 **34209** Country
30 **USA**

4. FEI Number

59-2452103

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WHIDDEN, C. EDWARD
1616 N. WASHINGTON BLVD.
SARASOTA FL 34237**

10. Name and Address of New Registered Agent

81 Name
CARLTON E. WHIDDEN
82 Street Address (P.O. Box Number is Not Acceptable)
7205 POINTE WEST BLVD
83
84 City
BRADENTON 85 Zip Code
FL 34209

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 **CARLTON E. WHIDDEN**

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

2-6-96

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	WHIDDEN, CARLTON E.	
STREET ADDRESS	1616 N. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WHIDDEN, LUCINDA M.	
STREET ADDRESS	1616 N. WASHINGTON BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WHIDDEN, CARLTON E.	
1.3 STREET ADDRESS	7205 POINTE WEST BLVD	
1.4 CITY-ST-ZIP	BRADENTON FL 34209	
2.1 TITLE	VS PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WHIDDEN LUCINDA M	
2.3 STREET ADDRESS	7205 POINTE WEST BLVD	
2.4 CITY-ST-ZIP	BRADENTON FL 34209	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **CARLTON WHIDDEN**

(Signature and typed or printed name of signing officer or director)

2/6/96

Date

751-9594

Daytime Phone #

CR2E034 (12/95)