

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 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 # H24781 (7) 1. Corporation Name NAILS & NAILS INC.			
Principal Place of Business 615 59TH ST W BRADENTON FL 34209 US		Mailing Address 7205 POINT WEST BLVD BRADENTON FL 34209 US	
2. Principal Place of Business 21 4815 MANATEE AVE W. Suite, Apt. #, etc. 22 City & State 23 BRADENTON FL Zip 24 34208 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 SAME City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 10/10/1984		3a. Date of Last Report 02/09/1996	
4. FEI Number 59-2452103		Applied For Not Applicable	
6. 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent WHIDDEN, CARLTON E 7205 POINTE WEST BLVD BRADENTON FL 34209		10. Name and Address of New Registered Agent 81 Name WHIDDEN LUCINDA M. 82 Street Address (P.O. Box Number is Not Acceptable) 7205 POINTE WEST BLVD 83 84 City BRADENTON FL 85 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WHIDDEN, CARLTON E. 1616 N. WASHINGTON BLVD. SARASOTA FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT VS WHIDDEN, CARLTON E. ☒ Change ☐ Addition 7205 POINTE WEST BLVD BRADENTON FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WHIDDEN, LUCINDA M 7205 POINTE WEST BLVD BRADENTON FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	P.T. WHIDDEN LUCINDA M. ☒ Change ☐ Addition 7205 POINTE WEST BLVD BRADENTON FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

CR2E034 (4/97)