

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # H71216**

1. Corporation Name

NEFCOM TECHNOLOGIES, INC.

Principal Place of Business

130 N. FOURTH STREET  
MACLENNY FL 32063-2112

Mailing Address

P.O. BOX 485  
MACLENNY FL 32063-0485

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90152 001 \*1,111.25



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1985

4. FEI Number

59-2586300

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNER, LEON

130 N. FOURTH STREET  
MACLENNY FL 32063

81 Name

Conner, Leon

82 Street Address (P.O. Box Number is Not Acceptable)

130 North Fourth Street

83

(Zip Code correction only)

84 City

Macclenny,

FL

85 Zip Code

32063-2112

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 DPC ☒ DELETE  
NAME WALKER, GLADYS R.  
STREET ADDRESS 130 N. FOURTH ST.  
CITY-ST-ZIP MACLENNY FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME ROSS, JOHNNY R.  
1.3 STREET ADDRESS HWY. 82 & 29  
1.4 CITY-ST-ZIP LEWISVILLE, ARKANSAS 71845

TITLE VD ☐ DELETE  
NAME CONNER, LEON  
STREET ADDRESS 283 E. SHUEY AVENUE  
CITY-ST-ZIP MACLENNY FL

2.1 TITLE P/D ☒ Change ☐ Addition  
2.2 NAME CONNER, LEON  
2.3 STREET ADDRESS 130 NORTH FOURTH STREET  
2.4 CITY-ST-ZIP MACLENNY, FLORIDA 32063

TITLE D ☒ DELETE  
NAME COMBS, LINDA  
STREET ADDRESS NORTH SHERMAN AVENUE  
CITY-ST-ZIP GLEN ST. MARY FL

3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME EASTERDAY, JANET C.  
3.3 STREET ADDRESS 130 NORTH FOURTH STREET  
3.4 CITY-ST-ZIP MACLENNY, FLORIDA 32063

TITLE D ☒ DELETE  
NAME CONNER, F P  
STREET ADDRESS 130 NORTH FOURTH STREET  
CITY-ST-ZIP MACLENNY FL 32063-2112

4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME MCGLEW, JOHN T.  
4.3 STREET ADDRESS 130 NORTH FOURTH STREET  
4.4 CITY-ST-ZIP MACLENNY, FLORIDA 32063

TITLE D ☐ DELETE  
NAME CONNER, SHANNON D  
STREET ADDRESS 130 NORTH FOURTH STREET  
CITY-ST-ZIP MACLENNY FL 32063-2112

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME HOLLAND, EVELYN H  
STREET ADDRESS 130 NORTH FOURTH STREET  
CITY-ST-ZIP MACLENNY FL 32063-2112

6.1 TITLE ☐ Change ☐ 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

President/Dir.

1-15-99

904-259-0620

Date

Daytime Phone #

CR2E034 (1/98)