Mailing Address

P.O. BOX 21798

TAMPA FL 33622

US

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J60619

NACM SERVICES CORP

Principal Place of Business

5521 W CYPRESS ST

TAMPA FL 33607

STE 200

US

03/06/1987 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2772337 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Žip Country 8. This corporation owes the current year Intangible Country Zip 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name EDDY, ROBERT K. 82 ONE HARBOUR PLACE SUITE 220 83 **TAMPA FL 33602** 84 TAMPA 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 DELETE 1.1 TITLE TITLE 12 NAME NAME MEEKER, WILLIAM D. JR 5521 W CYPRESS ST #200 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33607** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 21 TITLE TITLE 2.2 NAME MEEKER, WILLIAM D. JR NAME 5521 W CYPRESS ST #200 2.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33607** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 4.1 TM E 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change [7] Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME

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, on on appears with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

WILLIAM MECKER 2-16-99 SI3-289-8494

NING OFFICER OR DIRECTOR

Date

Dat

☐ Change

Addition

FILED

Secretary of State

03-03-1999 90123 009 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

Mar 03, 1999 8:00 am

CR2E034 (11/98)