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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **K59159**

1. Corporation Name

INTERIORS BY NANCY G., INC.

Principal Place	of Business	Mailing Address				1								
% NANCY GEOGHEGAN		% NANCY GEOGHEGAN												
14051 SW 17 ST		14051 SW 17 ST						DO NOT WRITE IN THIS SPACE						
DAVIE FL 33325			OCALA FL 33325 US					3. Date Incorporated or Qualifed						
US		US				3.	,		angili en			}		
							01/13/19 FEI Numbe				—г	Applied For		
2. Principal Pla	ace of Business	2a. Mailing Address				4.					<b>⊢</b> .⊹−	··		
21		26				65-0092	293				lot Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certifcate of	of Status D	esired			Additional Required		
22		27												
City & State		City & State	City & State			6.	Election Ca		-		•	May Be		
23		28					Trust Fund					I to Fees		
Zip	Country	Zip	Cou	ntry		8.	This corpor			ent year Ir				
24	25	29	30				Personal P				Yes	□No		
	9. Name and Address of Curr	ent Registered Agent		<u> </u>		10.	Name and	Address	of New R	tegistered	Agent			
				81	Name							Í		
GEOGHEGAN, NANCY				82	Street A	ddress (P.O. Box Number is Not Accep			t Accepta	able)				
14051 SW 17 ST		•		-	••				•					
DAVI	IE FL 33325			83	•			<del></del>				ļ		
				$\sqcup$				_						
				84	City					FI	<b>-</b>	Code		
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the a	bove	named o	corporatio	n submits th	is statemer	nt for the	purpose o	f changing i	ts registered		
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was a	authorized	1 อง เ	he corpo	oration's be	oard of direc	tors. I nere	eby accep	ot the appt	Multueur as	egistereu		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:													
SIGNATURE		· · · · · · · · · · · · · · · · · · ·	<u>-</u>	Agent	signature re	equired when		- CUANOF	2 70 05	DATE	ND DIDECT	ODC IN 12		
12.	OFFICERS A	AND DIRECTORS	13.		signature re		reinstating) ADDITIONS	/CHANGE	S TO OF					
	OFFICERS A	· · · · · · · · · · · · · · · · · · ·	13.	TLE		ĐV	ADDITIONS		S TO OF		ND DIRECT			
12.	OFFICERS A  DP  GEOGHEGAN, NANCY	AND DIRECTORS	13.	TLE		ĐV	ADDITIONS		S TO OF					
12. TITLE	OFFICERS A	AND DIRECTORS	13. 1.1 TF 1.2 N/	TLE AME		DV Betty	ADDITIONS SW	dle						
12. TITLE NAME	OFFICERS A  DP  GEOGHEGAN, NANCY	AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE AME	ADDRESS	DV Betty	ADDITIONS	dle			Change	Addition		
12. TITLE NAME STREET ADDRESS	OFFICERS A DP GEOGHEGAN, NANCY 14051 SW 17 ST	AND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE AME TREET, TY-ST-	ADDRESS	DV Betty	ADDITIONS SW	dle				Addition		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D	AND DIRECTORS	13. 1.1 TII 1.2 N/4 1.3 ST 1.4 CI	TLE AME TREET TY-ST	ADDRESS	DV Betty	ADDITIONS SW	dle			Change	Addition		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN	AND DIRECTORS	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/	TLE AME TREET, TY-ST- TLE AME	ADDRESS - ZiP	DV Betty	ADDITIONS SW	dle			Change	Addition		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	AND DIRECTORS	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 Cr 2.1 TII 2.2 N/ 2.3 ST	TLE TREET, TY-ST- TLE AME TREET,	ADDRESS - ZIP ADDRESS	DV Betty	ADDITIONS SW	dle			Change	Addition		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN	AND DIRECTORS	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 Cr 2.1 TII 2.2 N/ 2.3 ST	TLE TY-ST- TLE AME TREET, TLE TREET,	ADDRESS - ZIP ADDRESS	DV Betty	ADDITIONS SW	dle			Change	Addition		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	AND DIRECTORS  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C	TLE  AME  TY-ST- TLE  AME  TREET  TREET  TLE  TLE	ADDRESS - ZIP ADDRESS	DV Betty	ADDITIONS SW	dle			☐ Change	Addition		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	AND DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CT 2.1 TI 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA	TLE TREET, TLE AME TREET, TLE TREET, TLE AME TREET, TLE AME	ADDRESS -ZiP  ADDRESS 1-ZiP	DV Betty	ADDITIONS SW	dle			☐ Change	Addition		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	AND DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CT 2.1 TI 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NA 3.3 ST	TLE  AME  TY-ST- TLE  AME  TREET  TLE  TLE  AME  TLE  TLE  AME	ADDRESS -ZIP  ADDRESS F-ZIP  ADDRESS	DV Betty	ADDITIONS SW	dle			☐ Change	Addition		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	AND DIRECTORS  DELETE  DELETE	13. 1.1 TIT 1.2 NV 1.3 S1 1.4 CT 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT	TILE  AME  TY-ST- TILE  AME  TREET/ TILE  TILE  AME  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TILE  TILE	ADDRESS -ZIP  ADDRESS F-ZIP  ADDRESS	DV Betty	ADDITIONS SW	dle			Change	Addition  Addition		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NV 1.3 S1 1.4 CT 2.1 TIT 2.2 NV 2.3 ST 2.4 C 3.1 TIT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 NV	TILE TREET, TY-ST- TILE TREET, TILE TREET, TILE TREET, TILE TILE TILE TILE TILE TILE TILE TILE	ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP	DV Betty	ADDITIONS SW	dle			Change	Addition  Addition  Addition		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NV 1.3 S1 1.4 CT 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI	TILE  AME  TREET,  TILE  AME  TREET,  TILE  AME  TREET,  TILE  IMME  TREET,  TILE  AME  TREET,  TILE  AME  TREET,  TILE  TREET,	ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS	DV Betty	ADDITIONS SW	dle			Change	Addition  Addition  Addition  Addition		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NV 1.3 S1 1.4 CT 2.1 TIT 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 NV 5.3 S1	TILE  AME  TREET,  TILE  AME  TREET,  TILE  AME  TREET,  TILE  IMME  TREET,  TILE  AME  TREET,  TILE  AME  TREET,  TILE  TREET,	ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS	DV Betty	ADDITIONS SW	dle			Change	Addition  Addition  Addition  Addition		
12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS / DP GEOGHEGAN, NANCY 14051 SW 17 ST DAVIE FL D GEOGHEGAN, GLENN 14051 SW 17 ST	DELETE  DELETE  DELETE  DELETE	13. 1.1 TIT 1.2 NV 1.3 S1 1.4 CT 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI	TLE TY-ST- TLE TY-ST- TLE TREET, TLE TREET, TLE TREET, TT-ST- TLE TREET, TT-ST- TLE TREET TLE TREET TLE TREET TLE TREET TT-ST- TLE TREET TT-ST- TT-ST	ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS	DV Betty	ADDITIONS SW	dle			Change	Addition  Addition  Addition  Addition		

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZiP