

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90080 044 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # L17938**

1. Corporation Name  
**THE NUGENT CORPORATION**

Principal Place of Business  
**7337 LITTLE ROAD  
NEW PORT RICHEY FL 34654  
US**

Mailing Address  
**7337 LITTLE ROAD  
NEW PORT RICHEY FL 34654  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/25/1989**

4. FEI Number

**59-2969751**

Applied For

No: Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

7. Trust Fund Contribution ☐

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

28 Zip

24 Country

29 Country

25

30

9. Name and Address of Current Registered Agent

**PATEL, MOORE & O'CONNOR P.A.  
2240 BELLMAN ROAD  
SUITE 160  
CLEARWATER FL 33764**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☒ DELETE  
NAME **NUGENT, JOHN L., JR.**  
STREET ADDRESS **7318 STATE RD 52**  
CITY-STATE-ZIP **HUDSON FL**

TITLE **VP** ☐ DELETE  
NAME **BEAU, PHILLIP**  
STREET ADDRESS **670V 2ND STREET NORTH**  
CITY-STATE-ZIP **SAFETY HARBOR FL 34695**

TITLE **VP** ☐ DELETE  
NAME **NUGENT, ELLANOR**  
STREET ADDRESS **7337 LITTLE ROAD**  
CITY-STATE-ZIP **NEW PORT RICHEY FL 34654**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
2.2 NAME **BEAU PHILLIP**  
2.3 STREET ADDRESS **670 2nd Street North**  
2.4 CITY-STATE-ZIP **Safety Harbor, FL 34695**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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

**4/23/99 (727) 726 7274**

Date

Telephone #

CR2E034 (11/98)

0501584