

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF PORPORATIONS

DOCUMENT # N9400006223

1. Corporation Name

NANA'S HOUSE, INC.

Principal Place of Business 610 FERRIS ST

2. Principal Place of Business

GREEN COVE SPRINGS FL 32043

Mailing Address

610 FERRIS ST

2a. Mailing Address

GREEN COVE SPRINGS FL 32043

## FILED Sep 16, 1999 8:00 am Secretary of State

09-16-1999 90011 044 \*\*\*\*61.25



3. Date incorporated or Qualifed

21 26	26		12/21/1994		
			4. FEI Number	Applied For	
27	27		59-3286023	Not Applicable	
City & State City & State			5. Certificate of Status Desired	\$8.75 Additional	
		5. Certificate of Status Desired	Fee Required		
Zip Country Zip Country		6. Election Campaign Financing	\$5.00 May Be		
24 25 29	29 30		Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of How Registered	Agent	
		81 Name O'LINGER JOHN W			
O'LINGER, JOHN W	-	82 Street Address (P.O. Box Number is Not Acceptable)			
200B PRINGLE CIR	0.000.7.00				
GREEN COVE SPRINGS FL-32043			- MOODY CANAL RD		
			- VITOOD I CANAL FD	ne Zin Codo	
84 City			ADGUSTINE FL	85 Zip Code 32092	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617,0503, Florida Statutes.					
SIGNATURE Signature, tyled or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12. OFFICERS AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE PD DE	LETE 1.1 TIT	Æ		☐ Change ☐ Addition	
NAME	1.2 NA	ME			
STREET ADDRESS 3930 MURRHEE RD		REET ADDRESS	Andrew Control of the	ì	
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043	1	Y-ST-ZIP		}	
TITLE VD DE				☐ Change ☐ Addition	
NAME TAYLOR, DARLYNN	2.2 NA	ue		}	
	A10 EEDDIO OT			Ì	
COECH COVE CODINGS EL 20042		ry-\$t-ZIP		]	
TITLE SD GREEN COVE SPRINGS PL 32043				☐ Change ☐ Addition	
	BEACH, DELLA 32N			-	
474 DALMED OT	474 DALMED OT				
OT ALICHOTINE EL 2000E	AT LUCUSTINE EL DOCCE			. 1	
TITLE D DE		Y-ST-ZIP	\	Change Addition	
OU MOED TOTAL	4.2 NA	_   <u> </u>	DLINGER JOHN		
COOR PRINCIE CIRCLE	1	ME C REET ADORESS	Tringer John	\	
CDECHLOOVE ODDINGS EL		ALUNESS	3512 MOODY CANAL PO	27567	
517-51-25		Y-ST-ZIP	31 AUGUSTINE ITL	☐ Change ☐ Addition	
COCCHAN CLEN	5.1 III				
A40 OFFITTO OT	5.3 ST		·	}	
COECH COVE CODINCE EL 20042					
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043		Y-ST-ZIP		☐ Change ☐ Addition	
	6.2 NA				
NAME NATION, DAVID				ļ	
STREET ADDRESS 210 NORTH ST		REET ADDRESS		İ	
GREEN COVE SPRINGS.FL 32043		Y-ST-ZIP			

4. 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 informatic 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 617. Elorida 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:

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Daytime Phone #

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