

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 28 1997 8:00am  
Secretary of State

DOCUMENT # **P37967** (7)  
1. Corporation Name  
**NEMETON, INC.**

Principal Place of Business  
**2323 FIDDLERS LANE  
ATLANTIC BEACH FL 32233**

Mailing Address  
**2323 FIDDLERS LANE  
ATLANTIC BEACH FL 32233-4681**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/17/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>34-0841852</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANDIFORD, DONNA  
2323 FIDDLER LANE  
ATLANTIC BEACH FL 32233**

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 607.0509 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

*Donna Sandiford*

(NOTE: Registered Agent signature required when reinstating)

3/25/97  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDIFORD, DONNA KING	1.2 NAME	
STREET ADDRESS	2323 FIDDLERS LANE	1.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTIC BEACH FL	1.4 CITY- ST- ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, DIANE	2.2 NAME	
STREET ADDRESS	105 HARBOR ISLAND CT.	2.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BCH FL	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, LEONA	3.2 NAME	
STREET ADDRESS	200 GRANGER ROAD #93	3.3 STREET ADDRESS	
CITY- ST- ZIP	MEDINA OH	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: X

*Donna R. Sandiford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 904 247 2800  
Date Daytime Phone #