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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000041392

1. Corporation Name

NALLEY ENTERPRISES, INC.

CITY-ST-ZIP

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90058 027 ***150.00



Principal Plac	e of Business	Mailing Adoress				
3651 HOLLOW TRAIL COURT PALM HARBOR FL 34684			3651 HOLLOW TRAIL COURT			
		PALM HARBOR FL 34684				DO NOT WRITE IN THIS SPACE
•						3. Date Incorporated or Qualifed
						06/07/1993
D. Coin aire at C	N	20 Moiling Address				4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address				59-3186832 Not Applicat
21		26				39 3 100032 Not Applicat
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
22		27 Cit. 8 Ct-15				
City & State		⊢ , '	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		28	Z			
Zip	Country Zip Country			8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24			30			1 Graduat 1 topolity Taxi
	9. Name and Address of Curren	t Registered Agent		+		10. Name and Address of New Registered Agent
MAI	LEV DOBEDT A			81	Name	
NALLEY, ROBERT A				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	1 HOLLOW TRAIL COURT					
PAL	M HARBOR FL 34684			83		
						85 Zip Code
				84	City	FL 85 Zip Code
44 Durauant	to the provisions of Sections 607 050	2 and 607 1508 Florida 5	Statutes the a	above-	named corpo	gration submits this statement for the purpose of changing its registere
office or i	registered agent, or both, in the State.	of Florida. Such change v	was authorize	ed by tr	ne corporation	n's board of directors. I hereby accept the appointment as registered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.050	5, Florida Sta	tutes.		
SIGNATURE		- Lond title if explicable	(NOTE: Registere	d Agent o	eignature required	when reinstating) DATE
40	Signature, typed or printed name of registered ager	ID DIRECTORS	(NOTE: Registere		signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	DELE:				Change Add
TITLE	1 = 1 1				Ì	
NAME	NALLEY, ROBERT A			VAME		
STREET ADDRESS			1.3 S	STREET A	ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL			CITY-ST-	ZIP	
TITLE	DVS	☐ DÉLE	TE 2.1 T	TITLE		☐ Change ☐ Add
NAME	NALLEY, JEFFERSON G		2.2 N	VAME	ļ	
STREET ADDRESS	1778 SHORE ACRES BLVD.		2.3 5	STREET A	ADDRESS	
CITY-ST-ZIP	SAINT PETERSBURG FL		2.41	спу-ст-	-ZIP	
TITLE		☐ DELE	TE 3.1 T	IIILE		- Change Add
NAME	•		3.2 M	VAME	1	
					ADDRESS	
STREET ADORESS	2		1		1	
CITY-ST-ZIP		DELE		city-st- ritle	-41	☐ Change ☐ Add
TITLE					ĺ	
NAME				NAME		
STREET ADDRESS	S~			-	ADDRESS ====	
CITY-ST-ZIP	·	——————————————————————————————————————		CITY-ST-	ZIP	☐ Change ☐ Ado
TITLE		☐ DELE		TITLE		i i Change i i Add
NAME			5.2 N	NAME		
STREET ADDRESS	1				ı	
CITY-ST-ZIP	s		5.3 \$	STREET A	ADDRESS	<u> </u>
	5		- 1	STREET A	1	
TITLE	3	☐ DELE	5.4 0		1	☐ Change ☐ Add
TITLE	S	☐ DELE	5.4 C	CITY-ST-	1	
TITLE NAME		□ DELE	5.4 C TE 6.1 T 6.2 N	CITY-ST- TITLE NAME	ZIP •	
TITLE		☐ DELE	5.4 C TE 6.1 T 6.2 N 6.3 S	CITY-ST- TITLE NAME	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.