FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000055782 (5)**

1. Corporation Name

JOHN H. NALL, INC.

Principal Place of Business	Mailing Address
PO BOX 478 HWY 51 MAYO FL 32066	P.O. BOX 1286 MAYO FL 32066

3. Date Incorporated or Qualified: **08/09/1993**

3a. Date of Last Report: **04/20/1995**

4. FEI Number: ~~APPLIED FOR~~ 59-3249016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FURLOW, WILLIAM M
106 E COLLEGE AVE
SUITE 1200
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIXON, DONNIE R		1.2 NAME		
STREET ADDRESS	232 WOOD LAND ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NALL, DEWEY		2.2 NAME		
STREET ADDRESS	9510 LOMOND DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MANASSAS VA 22110		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARKHAM, JEANETTE		3.2 NAME		
STREET ADDRESS	43 CHESTER HILL		3.3 STREET ADDRESS		
CITY-ST-ZIP	EAST HAMPTON CT 06424		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NALL, FELIX		4.2 NAME		
STREET ADDRESS	PO BOX 1286 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAYO FL 32066		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BROCKMAN, MARTEZ		5.2 NAME		
STREET ADDRESS	3746 ATTERBURY ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NORFOLD VA 23513		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, JUANITA		6.2 NAME		
STREET ADDRESS	318 FRISCO RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32507		6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 4/29/96 FELIX NALL 2942731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)