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Mar 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/09/1993**

4. FEI Number

**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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **FELIX NALL**

82 Street Address (P.O. Box Number is Not Acceptable) **Highway 51 North PO Box 478**

83 City **MAYO**

FL

85 Zip Code **32066**

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 in 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **D MIXON, DONNIE R**  
STREET ADDRESS **232 WOOD LAND ROAD**  
CITY-ST-ZIP **PANAMA CITY FL**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **D NALL, DEWEY**  
STREET ADDRESS **9510 LOMOND DR**  
CITY-ST-ZIP **MANASSAS VA 22110**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D MARKHAM, JEANETTE**  
STREET ADDRESS **43 CHESTER HILL**  
CITY-ST-ZIP **EAST HAMPTON CT 06424**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D NALL, FELIX**  
STREET ADDRESS **PO BOX 1286 N/A**  
CITY-ST-ZIP **MAYO FL 32066**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **D BROCKMAN, MARTEZ**  
STREET ADDRESS **3746 ATTERBURY ST**  
CITY-ST-ZIP **NORFOLK VA 23513**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D WILLIAMS, JUANITA**  
STREET ADDRESS **318 FRISCO RD**  
CITY-ST-ZIP **PENSACOLA FL 32507**

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this form 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]*

**3/17/98 704-77531**

CR2E034 (10/97)