

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90197 006 ***150.00

DOCUMENT # P93000055782

1. Corporation Name

JOHN H. NALL, INC.

Principal Place of Business

PO BOX 478
HWY 51
MAYO FL 32066

Mailing Address

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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

NALL, FELIX
HWY 51 NORTH
P.O. BOX 478
MAYO FL 32066

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

Signature, typed or printed name of Registered Agent and Director if applicable.

(NOT E: Registered Agent signature required when reinstating)

DATE

04-26-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)