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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation	NAMENTAL CONDITIONING	3, INC.		
Principal Place of Business		Mailing Address		
8805 W KNIGHTS GRIFFIN ROAD PLANT CITY FL 33565-3077 US		8605 W KNIGHTS GRIFF PLANT CITY FL 33565-3 US		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Addr				12/15/1993 4. FE! Number Applied For
21		26		4, FEI Number Applied For Not Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
	rter, claude B 5 w knights Griffin Road			
- SUITE 400			82 Street Ad	ldress (P.O. Box Number is Not Acceptable)
PLANT CITY FL 33565			83 (1)	SWIF WAS
			84 City	move SUITE YOU
44 0	<u> </u>	00		FL BS Zip Code
SIGNATURE	Much	Billion	authorized by the corporation of	progration submits this statement for the purpose of changing its registered ation's board of directors. I heroby accept the appointment as registered 4/24/98
	Signature, typed or printed name of registered a		Office Registered Agent signature req	` <u></u>
12.	DP OFFICERS A	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change
NAME	CARTER, CLAUDE B	<u> </u>	1.2 NAME	
STREET ADDRESS 8605 W KNIGHTS GRIFFIN ROAD		ROAD	1.3 STREET ADDRESS	_
CITY-ST-ZIP	PLANT CITY FL		1.4 CITY - ST - ZIP	7 /M 33565-3077 ☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 City-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELÉTE	3 4. C(TY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME		L) Detet	4.1 TITLE 4.2 NAME	Crange Nation
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	_		4.4 CITY-S1-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREE1 ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change Addition
NAME		□ vcctit	6.2 NAME	Change Mounton
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
	erify that the information supplied	with this filing does not qualify		in Section 119.07(3)(i). Florida Statutes, I further certify that the information

receive only that the information supplied with this lining does not quality for the exemption stated in Section 1.19.07(3)(i), Frorida Statutes, Frunther certify that the information indicated on this annual report or supplieriental 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.

FILED

May 19 1998 8:00am

Secretary of State