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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P94000014103

1. Corporation Name

Principal Place of Business

NAHS SERVICES CORPORATION

111 NORTH ORLANDO AVENUE WINTER PARK FL 32789 US		111 NORTH ORLANDO AVENUE WINTER PARK FL 32789 US		DO NOT WRITE IN	THIS SPACE ; 17 6		
					3. Date Incorporated or Qualifed 02/13/1994	and the grade	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26	26		59-3224576	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional		
22		27			5. Certificate of Clarks Besilies	Fee Required	
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip Country Zip 24 25 29			Country 30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
				81 Name			
TRIMBLE, T.L. 111 NORTH ORLANDO AVENUE			8:	2 Street A	ddress (P.O. Box Number is Not Acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
WINTER PARK FL 32789			8	3	10000000000000000000000000000000000000	药 ,点 针过少3岁前脚	
	•		8			85 Zip Code	
-12-12-1-12-1	607.0502	and CO7 1509 Florida Statuta	e the abo	uo namad s	orporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its registered	
office or r	egistered agent, or both, in the State of	f Florida. Such change was au	thorized b	y the corpor	ation's board of directors. I hereby accept the	appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statute	\$.			
SIGNATURE		NOTE I	5.7.7.4		uired when reinstating) DA	TE .	
	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent signature req	ADDITIONS/CHANGES TO OFFICER		
12.	PD OFFICERS AND	DELETE	1.1 TITLE		ABBITION OF TAINING TO GIVING E	☐ Change ☐ Addition	
TITLE		Occur	1.2 NAME	- 1	`*.· · ·		
NAME	TRIMBLE, T. L.					ļ	
STREET ADDRESS	111 NORTH ORLANDO AVENUE			ET ADDRESS		Ì	
CITY-ST-ZIP	WINTER PARK FL	D ACLETE	1.4 CITY-			Change Addition	
TITLE	SD	☐ DELETE	2.1 TITLE				
NAME	RUCKER, WOMACK J		2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS		}	
CITY-ST-ZIP	WINTER PARK FL:	<u> </u>	2. 4 CITY				
TITLE (77.7.	TD .	DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME * ***	SKILTON, GARY		3.2 NAME				
STREET ADDRESS	111 NORTH ORLANDO AVENUE		3.3 STRE	ET ADDRESS	1000 1000 1000 1000 1000 1000 1000 100	etym tyr i Norra gartys (
CITY-ST-ZIP	WINTER PARK FL		3.4. CITY	-ST-ZIP		· 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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NAME	eta jart		4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZiP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME	.		:	
STREET ADDRESS			5.3 STRE	ET ADDRESS		}	
CITY-ST-ZIP	i šid	• •	5.4 CITY-	ST-ZIP	• • • •		
TITLE	The state of the s	☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME	1869年17月28日至安全		6.2 NAME	:			
STREET ADDRESS			6.3 STRE	ET ADDRESS		ļ	
CiTY-ST-ZIP	<u>.</u>		6.4 CITY-	ST-ZIP			

14. Thereby 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:

(407) 647-4400

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90017 042 ***150.00