# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95 B-6521 C

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027166 (5)

1. Corporation Name

A. J. NIELSEN ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12029 SHADOW RIDGE BLVD.<br>HUDSON FL 34669 | 12029 SHADOW RIDGE BLVD.<br>HUDSON FL 34669 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:

2. Principal Place of Business
21 8800 SR 52
22 Suite, Apt. #, etc.
23 City & State: Hudson FL
24 Zip: 34667 25 County: PASCO

2a. Mailing Address
26 8800 SR 52
27 Suite, Apt. #, etc.
28 City & State: Hudson FL
29 Zip: 34667 30 County: PASCO

4. FEI Number: 59-3234352 ☐ 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

9. Name and Address of Current Registered Agent

NIELSEN, AUGUST JR
4319 RIVER BIRCH DR.
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

01 Name: Nielsen, August Jr.
02 Street Address (P.O. Box Number is Not Acceptable): 7705 Sylvan Drive
03
04 City: Hudson FL 05 Zip Code: 34667

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] 5/10/95
Signature, typed or printed name, of registered agent and title, if applicable — DATE (Registered Agent signature required when name is changed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President | 11 TITLE | ☐ Change ☐ Addition |
| NAME | August Nielsen Jr. | 12 NAME | |
| STREET ADDRESS | 7705 Sylvan Drive | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Hudson FL 34667 | 14 CITY-ST-ZIP | |
| TITLE | Secy/Treasurer | 21 TITLE | ☐ Change ☐ Addition |
| NAME | Donna M Nielsen | 22 NAME | |
| STREET ADDRESS | 7705 Sylvan Dr. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Hudson FL 34667 | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | REMITTED BY MAY 1 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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 the 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] 4/16/95 813-862-2811
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

0379429 CP