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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P94000049107

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90047 042 ***158.75

NANTOC	RET RESOURCES, INC.							
Principal Place	e of Business	Mailing Address	C	>				
1234 LIVE_OAK	DR e	1234 LIVE OAK DR			-			
SUITE 1235 JACKSOVILLE FL 32246 JACKSONVILLE FL 32246						DO NOT WRITE IN THIS	SPACE	
JACKSOVILLE FL 32246 US US US JACKSONVILLE FL 32246 US						3. Date Incorporated or Qualifed		
03						06/27/1994		
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	\Box	Applied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				59-3253024		Not Applicable
Suite; Apt.	#. etc.	Suite, Apt. #, etc.				V	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & Stat	le · ·	City & State				6. Election Campaign Financing	-\$5.0	O May Be -
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Col	untry		8. This corporation owes the current year In		
24	25	29	30			Personal Property Tax.	Yes	No
•	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
	IOLO POREDE C			81	Name			
	HOLS, ROBERT C			82	Street Add	ress (P.O. Box Number is Not Acceptable)	_	
,	ATLANTIC BLVD	<					_	
	E 1235	`		83		•		1
JACI	KSONVILLE FL 32225			84	City		85 Zi	p Code
_		·			•	F <u>L</u>	ــــــــــــــــــــــــــــــــــــــ	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	above	-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing intment as	its registered registered
omice or r	registered agent, or both, in the State in familiar with, and accept the obligation	tions of, Section 607.0505, Flo	rida Sta	tutes.	ille corporati	The second of disastation is thoropy decope and appro-		9
SIGNATURE						·		{
	Signature, typed or printed name of registered agen			d Agent	t signature require	ed when reinstating) DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Chang	
TITLE	P PAUS PART PART PART PART PART PART PART PART	☐ DECE IE	1.1 T		-		Onling	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME .	DAVIDSON, MICHAEL F			IAME				
STREET ADDRESS	9650 ATLANTIC BLVD.				ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32225	DELETE	_	1.4 CITY-ST-ZIP		TOP ET-DETAC	Chang	e Addition
TITLE :				2.1 TITLE 2.2 NAME		PIRECTOR, SECRETARY ROBERT C. NICHOLY ROBO ATLANTIC BLUI ACKSONVILLE, FL 3		C Madison
NAME			4		F	lobert C. Nichol	\	ł
STREET ADDRESS					ADDRESS 4	1650 HTLANTIS BLY	J ₁	اسع
CITY-ST-ZIP		— Dougte		СПҮ-8	T-ZIP	かべんぐん・いしんん マー・コ		e Addition
IIILE		☐ DELETÉ	■ 3.1 T				Chann	
NAME .	F			TILE			Chang	
STREET ADDRESS			3.21	NAME			Chang	
CITY-ST-ZIP	·		3.2 N 3.3 S	NAME STREET	ADDRESS		Chang	, againsi.
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14. Thereby certify that the information supplied with this filling 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 controlled on the receiver of trustee enfowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or in an attachment with an appears with all other like empowered.

SIGNATURE: