

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 # **P94000074576**
1. Corporation Name
National Excel, Inc.

Principal Place of Business: **4429 Park Blvd.
Pinellas Park, FL 33781**
Mailing Address: **(Same)**

FILED

98 JUN -9 AM 11:00

TALLAHASSEE, FLORIDA

500002557165-9
-05/11/98--01092--001
DO NOT WRITE IN THESE SPACES ***315.00

2. Principal Place of Business:	2a. Mailing Address:
21 Pinellas Park, FL	26 4429 Park Blvd.
22 4429 Park Blvd	27 Pinellas Park, FL
23 Pinellas Park, FL	28 Pinellas Park, FL
24 33781	29 33781
25 USA	30 USA

3. Date Incorporated or Qualified
Oct. 7, 1994

4. FEI Number **59-3272225**
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Sabrina M. Campbell
7063 S Shore Drive South
South Pasadena, FL 33707

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 duties and liabilities of Section 607.0506, Florida Statutes.

SIGNATURE: **Sabrina M. Campbell, Sabrina M. Campbell, President** **6-3-98**

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	☐ DELETE
TITLE: President	
NAME: Sabrina M. Campbell	
STREET ADDRESS: 7063 S Shore Dr S.	
CITY-ST-ZIP: S. Pasadena, FL 33707	
TITLE: Vice President	☐ DELETE
NAME: Phillip W Snyder	
STREET ADDRESS: 4612 Fair Oaks Ave.	
CITY-ST-ZIP: Tampa, FL 33611	
TITLE:	☐ DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	☐ DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	☐ DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	☐ Change ☐ Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	☐ Change ☐ Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	☐ Change ☐ Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 in the next year or trustee or power of attorney 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 retained. I hereby will certify.

SIGNATURE: **Sabrina M. Campbell** **Sabrina M. Campbell** **6-3-98** **813/345-3438**

CR2E034 (10/97)

National Excel, Incorporated

4429 Park Boulevard
Pinellas Park, Florida 33781
(813) 545-3438

June 1, 1998

**Division of Corporation
Post Office Box 6327
Tallahassee, Florida 32314**

Reference: Annual Report

Dear Sir/Madam:

I have been in business going on four years. I moved our location last April, 1997. The only forms I received were my tangible tax forms. I had no idea this form was done every year. I know ignorance is no excuse but if I had received the form I would have known it needed to be completed.

I am asking, please, that the re-instatement fee be waived. Enclosed is my payment of \$315.00 to cover 1997 & 1998. If there are any problems concerning my request please notify me.

Thank you,


Sabrina M. Campbell
President