

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000009595 (6)

1. Corporation Name

HAROLD'S NAIL DRIVERS, INC.



Principal Place of Business

Mailing Address

**4 NEEDLES DR
MEADOW WOOD FARMS
OCALA FL 34482-3501**

**4 NEEDLES DR
MEADOW WOOD FARMS
OCALA FL 34482-3501**

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

Applied For
Not Applicable

22
City & State

27
City & State

\$8.75 Additional
Fee Required

23
Zip

29
Zip

24
Country

30
Country

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**COLLINS, HAROLD F JR.
4 NEEDLES DR
MEADOW WOOD FARMS
OCALA FL 34482-3501**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** Zip Code

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, typed or printed name of registered agent and title if applicable

IN 12. Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **COLLINS, HAROLD F JR.**
STREET ADDRESS **4 NEEDLES DR**
CITY-ST-ZIP **OCALA FL 34482-3501**

DELETE

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

Change Addition

TITLE **STD**
NAME **COLLINS, ELAINE**
STREET ADDRESS **4 NEEDLES DR**
CITY-ST-ZIP **OCALA FL 34482-3501**

DELETE

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

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)(k), 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.

SIGNATURE:

Elaine Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 352/237-4137

Office Phone #

CR2E034 (12/95)