PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P95000009595

1. Corporation Name

HAROLD'S NAIL DRIVERS, INC.									
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Principal Place of Business Mailing Address									
4 NEEDLES DR 4 NEEDLES DR MEADOW WOOD FARMS MEADOW WOOD FARMS									
OCALA FL 34482-3501 OCALA FL 34482-3501						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
	•					02/01/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Арр	lied For
21 26						59-33137 <u>03</u>			Applicable
Suite, Apt. #, etc.						5. Certificate of Status Desired		\$8.75 A	
22	<u> </u>	s. 27		-			_===	Fee Rec	
City & State City & State						6. Election Campaign Financing		\$5.00 ^	
23		28				Trust Fund Contribution		Added to	rees
Zip	——————————————————————————————————————			ntry 8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No					
24	9. Name and Address of Curren		30	_		Personal Property Tax. 10. Name and Address of New F	Panietarad	- 	
	9. Name and Address of Curren	t Registered Agent		81	Name	TO. Italie and Address of New P	togister ou	- Suite	
COL	LINS, HAROLD F JR.								
	EEDLES DR			82	Street Addre	ss (P.O. Box Number is Not Accepta	able)	•	į
	DOW WOOD FARMS			83					
	LA FL 34482-3501								
00/01/12 01/02 0001				84 City FL 85 Zip Co				ĺ	
11. Pursuant	to the provisions of Sections 607.050, egistered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the at	bove	-named corpo	ration submits this statement for the	purpose of	changing its r	egistered
office or r	egistered agent, or both, in the State in m familiar with, and accept the obligat	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized ida Statu	l by t Jtes.	the corporation	n's board of directors, i hereby accep	t the appoi	ntment as reg	stered
SIGNATURE									1
SIGNATURE	Signature, typed or printed name of registered agen			Agent	t signature required		DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A		Addition
TITLE	PD	☐ DELETE	1.1 TIT					☐ Change	C2 Anginon (
NAME	COLLINS, HAROLD F JR.		1.2 NA						
STREET ADDRESS	4 NEEDLES DR				ADDRESS				
CITY-ST-ZIP	OCALA FL 34482-3501		1.4.CD		r-zip				}
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CITY-ST-ZIP 14. I hereby 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.

6.4 CITY-ST-ZIP

SIGNATURE: 2

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90025 026 ***150.00