

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90162 030 ***150.00

DOCUMENT # P95000036083

1. Corporation Name

NNS ENTERPRISES, INC.

Principal Place of Business

**280 C.R. 427 SOUTH STE 212
LONGWOOD FL 32750**

Mailing Address

**280 C.R. 427 SOUTH STE 212
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1995

4. FEI Number

59-3317161

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1204 Howell Creek Dr

2a. Mailing Address

26 PO Box 196517

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Winter Springs FL

City & State

28 Winter Springs FL

Zip Country

24 32708 25 US

Zip Country

29 32719-6517 30 US

9. Name and Address of Current Registered Agent

**NULPH, GREGORY L
4008 W MARYLAND PLACE
CASSELBERRY FL 32707**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **NULPH, DAYNE A**
STREET ADDRESS **1118 WOLVERINE TRAIL**
CITY-ST-ZIP **WINTER SPRINGS FL 32773**

TITLE **D** ☐ DELETE

NAME **INGRAM, CHRISTOPHER**
STREET ADDRESS **413 S EDMON AVENUE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ DELETE

NAME **NULPH, GREGORY L**
STREET ADDRESS **4008 W. MARYLAND PLACE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1204 Howell Creek Dr.**
1.4 CITY-ST-ZIP **Winter Springs, FL 32708**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **532 Forest Green Dr**
2.4 CITY-ST-ZIP **Tallahassee, FL 32308**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

Gregory L Nulph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

407-699-6894
Daytime Phone #

CR2E034 (1/98)