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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90002 007 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000058171**1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP

NANTUCKET CAPITAL CORPORATION, INC.

	•	•				1 1000 1101 1011
Principal Place	e of Business	Mailing Address			,	
11924 FOREST HILL BLVD. 11924 FOREST HILL 8 STE 22-267 SUITE 22-267		11924 FOREST HILL BLVD. SUITE 22-267 WELLINGTON FL 33414		DO NOT	WRITE IN THIS SPACE	
US		US		 Date Incorporated or Qua 07/25/1995 	alifed	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	. Ar	plied For
21		26		NOT APPLICABLE		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desi	ed II	Additional equired
City & State	e .	City & State		Election Campaign Finar Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes th	• =	
24	25	29	30	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of	lew Registered Agent	
TUD	A CONTRACTOR AND		81 Nam	ne	•	
1324	NER, NANCY M 44 POLO CLUB RD.	1. 大	82 Stre	et Address (P.O. Box Number is Not A	cceptable)	Co. 2 or 15 + 40
WEL	LINGTON FL 33414		83			
			84 City		FL 85 Zip	Code
44 Direuant	to the provisions of Sections 607/05	02 and 607 1508 Florida Statute	s the above-name	ed corporation submits this statement for	or the nurnose of changing its	registered
office or r	registered agent, or both, in the	of Florida. Such change was au	thorized by the co	prporation's board of directors. I hereby	accept the appointment as re	gistered
1.5		pations of, Section 607.0505, Flori	da Statutes.			
agent. I a SIGNATURE	Marine K Stum	en"			1.7.99 DATE	
SIGNATURE	Synature, typed or printed pame of egistered ag	ent and title if applicable. (NOTE: I	Registered Agent signatu	ure required when reinstating)	1.7.59 DATE	
1.5	Syndrure, typed or pinted fathe of registered ag	en"		ure required when reinstating)		
SIGNATURE 12. TITLE	Syndure, typed or prited the obspistered ag OFFICERS A	yert and title if applicable. (NOTE: I	Registered Agent signatu	ure required when reinstating)	7.7.99 DATE O OFFICERS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME	Syndure, typed or prited the obspistered as OFFICERS A PDST NANCY N. TURNER	yent and title if applicable. (NOTE: I	Registered Agent signatu 13.	ure required when reinstating) ADDITIONS/CHANGES T	7.7.99 DATE O OFFICERS AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Syndure, typed or philes the clospision as OFFICERS A PDST NANCY N. TURNER 13244 POLO CLUB RD.	pent and title if applicable. (NOTE: IND DIRECTORS	Registered Agent signatu 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE: 1.4 CITY-ST-ZIP	ure required when reinstating) ADDITIONS/CHANGES T		DRS IN 12
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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 withyan address, with all other like empowered. **SIGNATURE**

6.4 CITY-ST-ZIP