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Feb 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000075481 (8)

1. Corporation Name
NELSON ENGINES OF FLORIDA, INC.

Principal Place of Business
C/O ROETZEL AND ADDRESS
850 PARK SHORE DR 3RD FLOOR
NAPLES FL 33940

Mailing Address
C/O ROETZEL AND ADDRESS
850 PARK SHORE DR 3RD FLOOR
NAPLES FL 34103-3587



3. Date Incorporated or Qualified 09/27/1995
3a. Date of Last Report 06/27/1996

4. FEI Number 65-0629628
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 c/o Roetzel & Address

Suite, Apt. #, etc.
22 850 Park Shore DR, 3rd Fl.

City & State
23 Naples, FL

Zip Country
24 34103 25

2a. Mailing Address
26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

WESTMAN, CARL E
C/O ROETZEL AND ADDRESS
850 PARK SHORE DR 3RD FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name Westman, Carl E.
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Roetzel & Address
83 850 Park Shore Drive, 3rd Floor
84 City Naples FL 85 34103

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

2/11/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
V	CALLAHAN, F.J.	3655 FORT CHARLES DR	NAPLES FL 33940	<input type="checkbox"/>
ST	TOBER, ROBERT B	P.O. BOX 413029	NAPLES FL 33940	<input type="checkbox"/>
P	RHOADES, CHARLES R	420 HARBOUR DR	NAPLES FL 33940	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1	CALLAHAN, F.J.	3655 Fort Charles Drive	Naples, FL 34102	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1	TOBER, Robert B.	P.O. Box 413029 N/A	Naples, FL 34101	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1	Rhoades, Charles R.	420 Harbour Drive	Naples, FL 34103	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: Charles R. Rhoades

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 10, 1997 941-263-1670

CR2E034 (9/96)