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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P95000076922 (0) **DOCUMENT #** NAULT ENTERPRISES, INC.

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 557 CONSTRUCTION LN 142 CARLISLE AVE S. LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0612374 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zin Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 29 30 ☐ Yes ☐ No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NAULT, BRYAN M SR 142 CARLISLE AVE S 82 Street Address (P.O. Box Number is Not Acceptable) LEHIGH ACRES FL 33936 83 84 City 85 Zip Code FL

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 it applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Secretary/Treasurer Addition DELETE 1.1 TITLE Change TITLE Tracy olding Nault NAME NAULT, BRYAN M SR 1.2 NAME 142 CARLISE AVE S 142 Carliste Ave.S. STREET ADDRESS 1.3 STREET ADDRESS LEHIGH ACRES FL 33936 4ehigh Acres, Ec. 339131 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ___ Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADORESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ___ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ___ Addition TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Addition Change 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE ___ Change ... Addition TITLE 62 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling does not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 that each owner of the report as a 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 that each officer or director of the corporation or the receiver of the recei

SIGNATURE:

(10/97 CR2E034