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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000077871 (8)

1. Corporation Name:
NAILCO, INC.



Principal Place of Business

Mailing Address

8912 BRELAND DR
TAMPA FL 33627

8912 BRELAND DR
TAMPA FL 33627

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/05/1995	
21. 6824 Rosemary Dr.	Suite, Apt. #, etc.	26. 6824 Rosemary Dr.	Suite, Apt. #, etc.	4. FEI Number 59-3340145	Applied For Not Applicable
22. Tampa, FL	City & State	27. Tampa, FL	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. 33625	Zip	28. 33625	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. U.S.A.	Country	29. U.S.A.	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAIL, JOHN C
8912 BRELAND DR
TAMPA FL 33627

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

6824 Rosemary Dr.

Tampa

FL

85. Zip Code

33625

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 required)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NAIL, JOHN C	1.2 NAME	
STREET ADDRESS	8912 BRELAND DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33627	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	
NAME	NAIL, MARY A	2.2 NAME	
STREET ADDRESS	8912 BRELAND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33627	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, upon an attachment with an address.

SIGNATURE: John C Nail

1/30/98 813/269-9317

CR2E034 (10/97)