


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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90035 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P-95000094205</u> 1. Corporation Name <u>N.A.S.S. Inc.</u>			
Principal Place of Business <u>10736 US Hwy 27 N</u> <u>Davenport, FL 33827</u>		Mailing Address <u>5260 WEST IRLO BRONSON HIGHWAY</u> <u>SUITE 119</u> <u>KISSIMMEE FL 34746</u>	
2. Principal Place of Business 21 <u> </u> Suite, Apt. #, etc. <u> </u> 22 <u> </u> City & State <u> </u> 23 <u> </u> Zip <u> </u> Country <u> </u> 24 <u> </u> 25 <u> </u>		2a. Mailing Address 26 <u> </u> Suite, Apt. #, etc. <u> </u> 27 <u> </u> City & State <u> </u> 28 <u> </u> Zip <u> </u> Country <u> </u> 29 <u> </u> 30 <u> </u>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
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.		81 Name <u>MICHAEL B. JONES, ESQUIRE</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>7652 ASHLEY PARK COURT</u> 83 <u>SUITE 300</u> 84 City <u>ORLANDO</u> FL 85 Zip Code <u>32835</u>	
SIGNATURE <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable		SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4-29-99</u>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <u>PD</u> <input type="checkbox"/> DELETE NAME <u>WRIGHT, MALCOLM J</u> STREET ADDRESS <u>5260 WEST IRLO BRONSON HIGHWAY #119</u> CITY-ST-ZIP <u>KISSIMMEE FL 34746</u>		1.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <u> </u> 1.3 STREET ADDRESS <u> </u> 1.4 CITY-ST-ZIP <u> </u>	
TITLE <u>STD</u> <input checked="" type="checkbox"/> DELETE NAME <u>WRIGHT, GILLIAN M</u> STREET ADDRESS <u>5260 WEST IRLO BRONSON HIGHWAY #119</u> CITY-ST-ZIP <u>KISSIMMEE FL 34746</u>		2.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <u> </u> 2.3 STREET ADDRESS <u> </u> 2.4 CITY-ST-ZIP <u> </u>	
TITLE <u> </u> <input type="checkbox"/> DELETE NAME <u>DURMAN, TERRY</u> STREET ADDRESS <u>5260 WEST IRLO BRONSON HIGHWAY #119</u> CITY-ST-ZIP <u>KISSIMMEE, FL 34746</u>		3.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <u> </u> 3.3 STREET ADDRESS <u> </u> 3.4 CITY-ST-ZIP <u> </u>	
TITLE <u> </u> <input type="checkbox"/> DELETE NAME <u> </u> STREET ADDRESS <u> </u> CITY-ST-ZIP <u> </u>		4.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <u> </u> 4.3 STREET ADDRESS <u> </u> 4.4 CITY-ST-ZIP <u> </u>	
TITLE <u> </u> <input type="checkbox"/> DELETE NAME <u> </u> STREET ADDRESS <u> </u> CITY-ST-ZIP <u> </u>		5.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME <u> </u> 5.3 STREET ADDRESS <u> </u> 5.4 CITY-ST-ZIP <u> </u>	
TITLE <u> </u> <input type="checkbox"/> DELETE NAME <u> </u> STREET ADDRESS <u> </u> CITY-ST-ZIP <u> </u>		6.1 TITLE <u> </u> <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <u> </u> 6.3 STREET ADDRESS <u> </u> 6.4 CITY-ST-ZIP <u> </u>	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

OCT-1999

4. FEI Number

59-3348474

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

MICHAEL B. JONES, ESQUIRE

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

7652 ASHLEY PARK COURT

83

SUITE 300

84 City

ORLANDO

FL

85 Zip Code

32835

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]
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME WRIGHT, MALCOLM J
STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY #119
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE STD ☒ DELETE
NAME WRIGHT, GILLIAN M
STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY #119
CITY-ST-ZIP KISSIMMEE FL 34746

TITLE ☐ DELETE
NAME DURMAN, TERRY
STREET ADDRESS 5260 WEST IRLO BRONSON HIGHWAY #119
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 submitted 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 supplementary 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 individual who is duly 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 in Block 14 if changed, with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

407-396-9696

Date

Daytime Phone #