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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009052 (7)

NAN ENTERPRISES, INC. Principal Place of Business Mailing Address 1046 BILTMORE DRIVE NORTHWEST P.O. BOX 9035 WINTER HAVEN FL 33683 WINTER HAVEN FL 33883 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3359693 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BYWATER, JOSEPH G 2000 E. EDGEWOOD DRIVE #108B Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33803** Zip Code City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition BOTNER, RITA C 1.2 NAME NAME **1048 BILTMORE DRIVE NORTHWEST** 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33883 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 DELETE 3.1 TITLE Change ☐ Addition TITLE

64 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 same appears in Block 12 or Block 13 if changed, or on an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

62 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE: ____

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

MALIF

STREET ADDRESS

STREET ADDRESS

CITY-ST-21P

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

Addition

Addition

FILED

May 06 1998 8:00am

Secretary of State