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PROFIT CORPORATION ANNUAL REPORT

1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

May 01, 1999 8:00 am Secretary of State

05-01-1999 90051 004 ***150.00

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NAN ENTERPRISES, INC. Principal Place of Business Mailing Address 1046 BILTMORE DRIVE NORTHWEST P.O. BOX 9035 WINTER HAVEN FL 33883 WINTER HAVEN FL 33883 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/26/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3359693 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be \Box Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation owes the current year Intangible Zip ☐ Yes □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BYWATER, JOSEPH G 82 Street Address (P.O. Box Number is Not Acceptable) 2000 E. EDGEWOOD DRIVE #108B LAKELAND FL 33803 83 84 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 (NOTE: Registered Agent signature required Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change TITLE ☐ DELETE 11 TITLE BOTNER, RITA C 12 NAME NAME 1046 BILTMORE DRIVE NORTHWEST 1.3 STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33883 1.4 CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP [7 Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY+ST-ZIF Change Addition DELETE---41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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, or on an attachment with an address, with all other like empowered.

PLEASE

SIGNATURE: