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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000020118 (1)

1. Corporation Name

NATIVE AMERICAN CONQUEST CORPORATION

Principal Place of Business

1901 BRINSON RD. UNIT S-2
LUTZ FL 33549
US

Mailing Address

1901 BRINSON ROAD, UNIT S-F5
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1996

4. FEI Number

NOT APPLICABLE

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1901 BRINSON RD.

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

24 33549 25 Country

29 LUTZ FL 30 USA

9. Name and Address of Current Registered Agent

SHEPPARD, DONALD E
1901 BRINSON RD UNIT S-2
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D. PRESIDENT ☒ DELETE
NAME SHEPPARD, DONALD E
STREET ADDRESS 1901 BRINSON RD, UNIT S-2
CITY-ST-ZIP LUTZ FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition
1.2 NAME SHEPPARD, DENNIS K.
1.3 STREET ADDRESS 2222 MOON VALLEY ROAD
1.4 CITY-ST-ZIP HARKER HEIGHTS, TX 76548

2.1 TITLE TREASURER ☐ Change ☒ Addition
2.2 NAME SHEPPARD, LYNN ANNE
2.3 STREET ADDRESS 1901 BRINSON ROAD UNIT S-2
2.4 CITY-ST-ZIP LUTZ, FL 33549

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME SHEPPARD, DAN ALLEN
3.3 STREET ADDRESS 1717 AVANT STREET
3.4 CITY-ST-ZIP VALRICO, FL 33594

4.1 TITLE DIRECTOR ☐ Change ☒ Addition
4.2 NAME SHEPPARD, LINDA L.
4.3 STREET ADDRESS 5153 SUNNYDALE CIRCLE WEST
4.4 CITY-ST-ZIP SARASOTA, FL 34233

5.1 TITLE DIRECTOR ☐ Change ☒ Addition
5.2 NAME SHEPPARD, DAVID P.
5.3 STREET ADDRESS 810 CARBONDALE DRIVE
5.4 CITY-ST-ZIP OAK GROVE, KY, 42262

6.1 TITLE DIRECTOR ☐ Change ☒ Addition
6.2 NAME NECHYBA, STACY L.
6.3 STREET ADDRESS 80 PEARCE MITCHELL PL.
6.4 CITY-ST-ZIP STANFORD, CA, 94305

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.

SIGNATURE:  DONALD E. SHEPPARD APR 15TH 98 (813) 948-2669

CR2E034 (10/97)