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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000047182 (6)

FILED
May 14 1998 8:00am
Secretary of State

	NATIONAL VAC, INC.	Malling Ad	droes				
Principal Place of Businoss Mailing Address 11629-7 SAN JOSE BOULEVARD 11829-7 SAN JOSE BOULE							
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223							
						DO NOT WRITE IN	THIS SPACE
						3. Date Incorporated or Qualified 05/28/1996	
2. Principal F	Place of Business	2a. Mailing	Address			4. FEI Number	Applied For
21		26				59-3391626	Not Applicable
Suite, Apt.	#, etc.	<b> </b> 1	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27					Fee Required
City & Stat	te	City & S	iale			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zip	Country	28) Zip		Count	ſv	8. This corporation owes or has paid	
24	25	29		30	,	Personal Property Tax due June 3	<b>–</b> ' – '
	9. Name and Address of Curre		ent			10. Name and Address of New Regi	
	EN <b>SE</b> N, ROSS L			8	1 Name		
	1629-7 SAN JOSE BOULEVARD			8	2 Street Ac	dress (P.O. Box Number is Not Acceptable	)
JA	ACKSONVILLE FL 32223						<u> </u>
				8	3		
				8	4 City		85 Zip Code
<del></del>							<u>                                      </u>
office or i agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Florida. Such	change was	authorized	by the corpo	orporation submits this statement for the pur ration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	Signature, typod or printed name of registered as	gent and title if applicable	(NC	TE: Registered A	gent signature re	quired when reinstating)	DATE
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	P P P P P P P P P P P P P P P P P P P	[	DELETE	1.1 TITLE			Change Addition
NAME	JENSEN, ROSS L			1.2 NAM	E		
STREET ADDRESS	11629-7 SAN JOSE BLVD.			1.3 STRE	et Address		
CITY-ST-ZIP	JACKSONVILLE FL 32223		DEL CTC	1.4 CITY			[ [A] [ ] [ [ A 489]
TITLE		L	) DELETE	2.1 TITLE	ŀ		☐ Change ☐ Addition
NAME				2.2 NAM			
STREET ADDRESS	}			•	ET ADDRESS		
CITY-\$T-ZIP	<del></del>		DELETE	2. 4 CiTY 3.1 TITLE			Change Addition
NAME		•		32 NAM			E compa
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP				3.4. CiTY			
TITLE			DELETE	4.1 TITLE			Change Addition
NAME				4. 2 NAM			• • •
STREET ADDRESS				4.3 STRE	ET ADDRESS		
CITY-ST-ZIP				4.4 CITY	- ST - ZIP		
TITLE			DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAM	E		
STREET ADDRESS				5.3 STRE	et address		
CITY-ST-ZIP	<u></u>	······································	1 pp	5.4 CITY			
TITLE	]	l	] DELETE	6.1 TITLE			L. Change L. Addition
NAME				6.2 NAMI			
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP		. St. 4L. CE		6.4 CITY		in Section 119 07(3)(i) Florida Statutes I (u	

4. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied all annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation in the acceiver or trustee gus we all to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, process attachment with an orderest.

MANATURE

Husen Poss / Toursen 4/1/08 (901)550-12