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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600075050 (0)

NUNN ENTERPRISES, INC.

Principal	Place	of	Business

Mailing Address

1903 BISCAYNE BLVD. NAVARRE EL 32586

1903 BISCAYNE BLVD. NAVARRE FL 32566-2926

FILED Feb 04 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 3a. Date of Last Repo	ort	
2. Principal Place of Business		2a. Mailing Ad	a. Mailing Address		***************************************	4. FEI Number Applie	ed For	
21		26	5			59-3400688 Not Applicable		
State, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.				\$8.75 Additional Fee Required	
City & State		City & Stat	е			6. Election Campaign Financing \$5.00 Ma	v Re	
23		28				Trust Fund Contribution Added to F		
Zip	Country	Zip	T	Country	······································	8. This corporation has liability for intangible tax under s. 19	9.032.	
24	25	29	30	in		Florida Statutes X Yes No		
44	9. Name and Address of Curre			<u></u>		10. Name and Address of New Registered Agent		
HALL	GHT, BRUCE A			81	Name			
					<u></u>			
501 HIGHWAY 98 E.				82 Street Address (P.O. Box Number is Not Acceptable)				
SUIT				83				
DES	TIN FL 32541			"				
				84	City	FL 85 Zip Coc	ie	
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Fide of Florida, Such ch	orida Statutes, lange was aut	the above	e-named o	corporation submits this statement for the purpose of changing its re- location's board of directors. I hereby accept the appointment as reg	egistered pistered	
agent. I ar	m familiar with, and accept the obliq	gations of, Section 60	07.0505, Florid	da Statute	S.			
SIGNATURE.	Signature, typed or pentualname of eigistered at	jont and tits: ∉ aj p/icable	(NOTE: P	Registered Ag	n erutengia Ine	required when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	N 12	
TIFLE	PD		DELETE	11 TITLE		Change [Addition	
NAME	NUNN, EDDIE W			12 NAME	1			
AGGG BIOG AVAIR BLUD					ANNECC			
NAME OF THE OPERS				1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CCY-SI-ZIP	TATAMINE I C 32300		DELETE	2 1 TITLE	SI-ZIP	Change	Addition	
THE		LJ	DELETE			المال		
NAME				22 NAME				
STREET ADDRESS	2			2.3 STREE	T ADDRESS			
CITY - S1 - ZIP				2. 4 CITY-	ST-21P			
TITLE	OELETE 2			3.1 TITLE		Change [Addition	
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	ADDRESS			
CHY+S1+7IP				3.4. CITY-	ST-ZIP			
THE			DELETE	4.1 TITLE		Change L	Addition	
NAVE				4. 2 NAME				
STREET ADDRESS				4.3 STREË	I ADDRESS			
CiD+-S?+7iP				4.4 CITY-:				
TITLE		П	DELETE	5.1 TITLE		☐ Change	Addition	
NAME				5.2 NAME	l			
					Annpree			
STREET ADDRESS					I ADDRESS			
City-St-ZiP			DELETE	5.4 CITY -	ST-ZIP	Change	Addition	
TITLE		L.J	DELETE	6.1 TITLE		L Crange L	ווטוזיסטא נייי	
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREE	t address			
CHY-ST-ZIP				64 CITY-	ST-ZIP			
	All	and the state of t	an mad acceptific	Inv the new		totad in Section 110 07(3)(i) Florida Statutos, I further certify that the		

I do hereby certily 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 and cated 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.