SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000084382 (6)

## DAVID NELSON CORPORATION

## **FILED** Oct 01 1998 8:00am Secretary of State



						! B
Principal Plac	e of Business	Mailing Address				Daras 18141 Asaba 11621 1216 (186 188)
2361 MOODY AVENUE 2361 MOODY AVENUE						
ORANGE PARK FL 32073 ORANGE PARK FL 32073						ruio Antor
				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		IHIS SPACE
		ran and an earlier of the second			01/01/1997	
21 7415	,	<b>T</b> 1			4. FEI Number 59-3411613	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 JACKSONVILLE FL		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country		Zip Country			8. This corporation owes or has paid the	
			30		Personal Property Tax due June 30. Yes V No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	red Agent
NELSON, DAVID			81	Name		
	1 MOODY AVENUE INGE PARK FL 32073		82 Street Addre		dress (P.O. Box Number is Not Acceptable)	
	TOP I THE I P OPOID		83			
			84	City		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 Dand Mely Sept 24, 1988						
Signature, typed or printed name of registered agent and title if applicable (NOTE			Registored Agent signature required when reinstating)  DATE  DATE			
12.	PRESIDENT	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OFFICERS	- · · <del></del>
NAME	I -	•				L Change L_ Addition
	DMOID MECTON		1.3 STREET	ADDRESS		
CITY-ST-ZIP	ORENIS PARK FL 3	2073	1.4 CITY-ST			
TITLE		DELETE	2 1 TITLE	=::		Change Addition
NAME		[ Detere	2.2 NAME			C Outride C Notiful
STREET ADDRESS			2.3 STREET	ADDRESS		, •
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE			3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS	ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	3.40		3.4 CITY-ST	-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME	4.2		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	ZIP .		
TITLE		DELETE	5.1 TITLE		•	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		ZIP		
TITLE .		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP			6.4 CITY-ST	ZIP		

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 receivor or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 If changed, or on an attachment with an address.

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1998