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

PROFIT CORPORATION ANNUAL REPORT

1998



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000095144 (7)

AJK NELSON, INC.

NELSON, NADINE

10 KEYS COURT

PENSACOLA FL 32505-7326

Principal Place	of Business	Mailing Addres	ss				
10 KEYS COUR PENSACOLA FL		10 KEYS COURT PENSACOLA FL 32505-7326		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified 11/18/1996			
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied F		
21		26		59-3423537	Not Appli		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution			
Zip	Country 25	Zip	Country	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible		

Fl 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 agont, 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

84 City

Name

agent. La	in familiar with, and accopt the obligations of, Section 607.	.0505, Florida	i Statutes.				
SIGNATURE	Signiture, typed or printed name of registered agent and title if applicable	INOTE Rec	pstered Agent signature requ	(ired when reinstalion)	DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS DE	ELETE	1.1 TITLE			Change	☐ Addition
NAME	NELSON, NADINE	1	1.2 NAME				
STREET ADDRESS	10 KEYS COURT	1	1.3 STREET ADDRESS				
City-St-Zip	PENSACOLA FL 32505-7326		1.4 City-St-ZiP				
THILE	VI DE		21 TITLE			Change	Addition
NAME	NELSON, ALOYSIUS A		2.2 NAME		*1		
STREET ADDRESS	10 KEYS COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32505-7326		2.4 CITY-ST-ZIP				
TITLE	☐ DE	ELETE	3.1 TITLE			Change	☐ Addition
NAME		ŀ	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
THLE	□ DE	ELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP		f	4.4 CITY-ST-ZIP				
TITLE	☐ DE	LETE	51 TITLE			Change	Addition
NAME		•	52 NAME				
STREET ADDRESS		I	5 3 STREET ADDRESS				
CITY - ST - ZIP			5 4 CITY-ST-ZIP				
TITLE	DE	LETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 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.

SIGNATURE:

FILED

Apr 20 1998 8:00am

Secretary of State

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

85

Zip Code

10. Name and Address of New Registered Agent

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