

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90025 043 ***150.00

DOCUMENT # **P96000098540**

1. Corporation Name
DONG NAN INC.



Principal Place of Business
**11210 SPRING HILL DRIVE
SPRING HILL, FL 34609**

Mailing Address
**11210 SPRING HILL DRIVE
SPRING HILL, FL 34609**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1996

4. FEI Number **59-3422768** Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NOBLE, JAMES T
11291 COUNTRYWOOD COURT
SPRING HILL, FL 34609**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VP** ☐ DELETE
NAME **CHUN KUEN CHAN**
STREET ADDRESS **13210 HIGHGROVE ROAD**
CITY-STATE-ZIP **BROOKSVILLE FL 34609**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **T** ☐ DELETE
NAME **CHAN, JENDA N.**
STREET ADDRESS **13210 HIGHGROVE ROAD**
CITY-STATE-ZIP **BROOKSVILLE FL 34609**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **P** ☐ DELETE
NAME **CAROL LYNNE CHAN**
STREET ADDRESS **13210 HIGHGROVE ROAD**
CITY-STATE-ZIP **BROOKSVILLE FL 34609**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **S** ☐ DELETE
NAME **KAM-WAH RICHARD CHAN**
STREET ADDRESS **13210 HIGHGROVE ROAD**
CITY-STATE-ZIP **BROOKSVILLE FL 34609**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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, with all other like empowered.

SIGNATURE:

Carol Chan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

Date

352 688 1008

Daytime Phone #

CR2E034 (11/98)