


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90049 027 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000103630**

1. Corporation Name

**NUNAMAKER INDUSTRIES, INC.**

Principal Place of Business

**14976 63 WAY N**  
**CLEARWATER FL 33760**  
**US**

Mailing Address

**14076 63 WAY N**  
**CLEARWATER FL 33760**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/02/1997**

4. FEI Number

**59-3422227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

**21**  
**Suite, Apt. #, etc.**

City &amp; State

Zip Country

**24** **25**

2a. Mailing Address

**26**  
**Suite, Apt. #, etc.**

City &amp; State

Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**SHEAR, ROBERT L**  
**2790 SUNSET POINT ROAD**  
**CLEARWATER FL 33759**

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE
**NAME DRAGONIS, PAUL**  
**STREET ADDRESS 2097 MASSACHUSETTS VE NE**  
**CITY-ST-ZIP ST PETERSBURG FL 33703**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
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TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**
TITLE ☐ DELETE
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition
**1.2 NAME DRAGONIS, PAUL**  
**1.3 STREET ADDRESS 2097 MASSACHUSETTS AVE NE**  
**1.4 CITY-ST-ZIP ST PETERSBURG FL 33703**
2.1 TITLE **T/S** ☐ Change ☒ Addition
**2.2 NAME DUNCAN, LLOYD**  
**2.3 STREET ADDRESS c/o Richard Avis, 1325 Snell Isle Blvd NE**  
**2.4 CITY-ST-ZIP St. Petersburg, Florida 33704**
3.1 TITLE ☐ Change ☐ Addition
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-ST-ZIP**
4.1 TITLE ☐ Change ☐ Addition
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-ST-ZIP**
5.1 TITLE ☐ Change ☐ Addition
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-ST-ZIP**
6.1 TITLE ☐ Change ☐ Addition
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-ST-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

727 531 3999

Daytime Phone #

CR2E034 (11/98)