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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081047 (7)

NATIONAL INDUSTRIES SOUTH, INC.

FILED
May 19 1998 8:00am
Secretary of State



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Principal Place of Business Mailing Address								
	ODSIDE DRIVE	P.O. BOX 35						
PALM CITY FL 34994-0035		PALM CITY FL 34991-0035				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	- Of FIOL	
						09/18/1997		
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	Applied For	
21		26				65-0780670	Not Applicab	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State	9	City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added to Fees	
Zip				ntry		8. This corporation owes or has paid the ci		
24	25	29	30			Personal Property Tax due June 30.	☐ Yes ☐ No N	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
GA	ETZI, WILLIAM C		· · · · · · · · · · · · · · · · · · ·	81	Name			
POS CHI MOODEIDE DOME			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
PA	LM CITY FL 34994-0035			"	Jugot Addies	31 Address (P.O. Box Number is Not Acceptable)		
			Ì	83				
				_	<u> </u>		last zu Oude	
				84	City	FI	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	es, the at	ove-	named corpo	ration submits this statement for the purpose	of changing its registere	
office or r	egistered agent, or both, in the State o	of Florida, Such change was ions of Section 607,0505. Fl	authorized orida Stati	i by (utes.	the corporatio	on's board of directors. I hereby accept the ap	pointment as registered	
	The state of the s							
SIGNATURE	Signature, typed or pointed name of registered agen	and title if applicable (NO)	II. Rogistered	Agent	t signature required	d when reinstahng) DATE		
12.	OFFICERS AND		13.		Δ_	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE		☐ DELETE	1.1 TIT	l E	F.,	ADDITIONS/CHANGES TO OFFICERS AN	Change Additi	
NAME			1.2 NA	ME	M.	whendside Ar		
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TITLE	_	[_] DELETE	21711	LE		•/	Change Additi	
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NAME			5 2 NA	ME				
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NAME			62 NA	ME				
STREET ADDRESS			6 3 ST	REET A	ADDRESS			
CITY-ST-ZIP			6400	ry-st-	- ZIP			
7.2						Senting 440 07(0)(). Flexists Classifican I forther	and for the sales of the sales of the	

14. 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.

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