


FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90048 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000099318

1. Corporation Name

D. NASH CONSTRUCTION, INC.

Principal Place of Business

15016 DENNIS DR
HUDSON FL 34669

Mailing Address

15016 DENNIS DR
HUDSON FL 34669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number

59-3481635

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees6. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 14116 Hicks RD

Suite, Apt. #, etc.

2a. Mailing Address

26 14116 Hicks RD

Suite, Apt. #, etc.

City & State

23 Hudson FL

Zip Country

24 34669

City & State

28 Hudson FL

Zip Country

29 34669

30

8. Name and Address of Current Registered Agent

NASH, DARRAN
15016 DENNIS DR
HUDSON FL 34669

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	PRESIDENT	<input type="checkbox"/> DELETE
NAME	DARRAN NASH	
STREET ADDRESS	15016 DENNIS DR	
CITY-ST-ZIP	HUDSON FL 34669	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DARRAN NASH	
1.3 STREET ADDRESS	15016 DENNIS DR	
1.4 CITY-ST-ZIP	HUDSON FL 34669	

2.1 TITLE	DUSTIN NASH - VICE PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	13080 SWEET GUM DR	
2.3 STREET ADDRESS	BROOKSVILLE FL 34613	
2.4 CITY-ST-ZIP		

3.1 TITLE	SEC/TRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DENNIS NASH	
3.3 STREET ADDRESS	15016 DENNIS DR	
3.4 CITY-ST-ZIP	HUDSON FL 34669	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

04/29/99 727-819-1321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DARRAN NASH

President

CR2E034 (11/98)