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

DOCUMENT # P97000104158

NELSONS BAR & CODE, INC.

Principal P	lace of B	usiness
718 ALBU R	D W.	Alba

Olhon On 1.

THE MUNICIPAL WASHING RALLY

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90050 007 ***150.00



718 ALBU RD V		NOKOMIS FL 34275			•	DO NOT WRITE IN	TUIC CDAC	_		
US		US				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed]	
			<u>-</u>			12/10/1997				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	_	$+$ \cdot \cdot	lied For	
21		26				65-0802784		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired.	s Desired			
City & State	9	City & State	·			6. Election Campaign Financing	\$5	5.00 1	May Be	
23		28	⊢ '			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Count			8. This corporation owes the current year			\	
24	25	29	30			Personal Property Tax.	☐ Ye	S	□No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	ered Agent			
				81	Name					
COR	PORATION SERVICE COMPAN	Y		82	B2 Street Address (P.O. Box Number is Not Acceptable)					
1201	HAYS STREET			02	Silect Aut	Gress (1.0. Dox 14dilibb) is 1401 topopularly				
TALL	AHASSEE FL 32301-2525			83						
				84	City		FL 85	Zip C	ode	
11 Dumana-1	to the provisions of Sections 607.06	02 and 607 1508 Florida Statute	s the al	bove	-named cor	rporation submits this statement for the purpo	se of chang	ing its	registered	
office or re	egistered agent, or both, in the State	e of Florida. Such change was at	uthorized	i by i	tne corporat	tion's board of directors. I hereby accept the	ppointment	as reg	istered	
agent, I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Stati	utes.					ļ	
SIGNATURE						red when reinstating) DA	·-		{	
	Signature, typed or printed name of registered ag			Agent	t signature requi	ADDITIONS/CHANGES TO OFFICER	_	ECTO	RS IN 12	
12.	······································	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OTTICE!			Addition	
TITLE	Р	☐ DELETE	1.1 TII		ļ			lange		
NAME	NELSON, DANIEL A.		1.2 NA	ME					1	
STREET ADDRESS	950 PINTO CIRCLE		1,3 ST	REET	ADDRESS					
CITY-ST-ZIP	NOKOMIS FL 34275		1.4 CI	TY-ST	r-ZIP					
TITLE	VPST	☐ DELETE	TE 2.1 TITLE				□cı	range	Addition	
NAME	NELSON, ANGIE		2.2 NA							
STREET ADDRESS	950 PINTO CIRCLE		2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	NOKOMIS FL 34275		2.4 C						[
TITLE	NONOMIO I E 04270	DELETE	3.1 TI				C	nange	Addition	
i			3.2 NA		1				ļ	
NAME					ADDRESS	•				
STREET ADDRESS										
CITY-ST-ZIP			3.4. C		T-ZIP		ПС	2220	Addition	
TITLE		☐ DELETE	4 1 Tr					ıarığe	[Vagurou	
NAME			4. 2 N	AME					1	
STREET ADDRESS			4.3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-\$1	T-ZIP					
TITLE		☐ 0ELETE	5.1 TI	TLE		<u> </u>	- □ci	nange	☐ Addition	
NAME			5.2 NA	WE						
STREET ADDRESS			5.3 ST	REET	ADDRESS					
			5.4 CI	TY-SI	r-ZIP				ļ	
CITY-ST-ZIP TITLE		Decem	6.1 TF				Π̈́C	nange	☐ Addition	
INIC										
		☐ DELETE								
NAME STREET ADORESS		☐ DECETE	6.2 N	AME.	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 of 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. CITY-ST-ZIP

SIGNATURE:

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