

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 # P98000004596

1. Corporation Name

NATIONWIDE HOME IMPROVEMENTS OF JACKSONVILLE, IN
C.

Principal Place of Business

4524 HOOD ROAD
JACKSONVILLE FL 32257

Mailing Address

4524 HOOD ROAD
JACKSONVILLE FL 32257

2. Principal Place of Business

21 4524 Hood

Suite, Apt. #, etc.

22 Jax Florida

City & State

23 32257 Dual

Zip

Country

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2a. Mailing Address

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9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1998

4. FEI Number

59-3486775

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

10. Name and Address of New Registered Agent

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 PD [] DELETE

NAME BROWN, DUANE
STREET ADDRESS 4524 HOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SD [] DELETE

NAME DELETTRE, WILLIAM H
STREET ADDRESS 4524 HOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

11 TITLE [] Change [] Addition

12 NAME [] Change [] Addition

13 STREET ADDRESS [] Change [] Addition

14 CITY-ST-ZIP [] Change [] Addition

15 TITLE [] Change [] Addition

16 NAME [] Change [] Addition

17 STREET ADDRESS [] Change [] Addition

18 CITY-ST-ZIP [] Change [] Addition

19 TITLE [] Change [] Addition

20 NAME [] Change [] Addition

21 STREET ADDRESS [] Change [] Addition

22 CITY-ST-ZIP [] Change [] Addition

23 TITLE [] Change [] Addition

24 NAME [] Change [] Addition

25 STREET ADDRESS [] Change [] Addition

26 CITY-ST-ZIP [] Change [] Addition

27 TITLE [] Change [] Addition

28 NAME [] Change [] Addition

29 STREET ADDRESS [] Change [] Addition

30 CITY-ST-ZIP [] Change [] Addition

31 TITLE [] Change [] Addition

32 NAME [] Change [] Addition

33 STREET ADDRESS [] Change [] Addition

34 CITY-ST-ZIP [] Change [] Addition

35 TITLE [] Change [] Addition

36 NAME [] Change [] Addition

37 STREET ADDRESS [] Change [] Addition

38 CITY-ST-ZIP [] Change [] Addition

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

3-18-99

Date

904-716-2468

Daytime Phone #

0040788

CR2E034 (11/98)