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FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90034 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000021032

1. Corporation Name

NATIONAL AGENCY FOR ASSET RECOVERY, INC.

Principal Place of Business

1331 E. LAFAYETTE ST
SUITE C
TALLAHASSEE FL 32301

Mailing Address

1331 E. LAFAYETTE ST
SUITE C
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1998

4. FEI Number

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 1331 E Lafayette St.

2a. Mailing Address

26 1331 E Lafayette St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 E

27 E

City & State

23 Tallahassee FL

City & State

28 Tallahassee FL

Zip

24 32301

Country

25 USA

Zip

29 32301

Country

30 USA

9. Name and Address of Current Registered Agent

HARRIS, JAMES E
1331 E. LAFAYETTE ST
SUITE C
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name HARRIS, James E
82 Street Address (P.O. Box Number is Not Acceptable)
1331 E Lafayette St.
83 Suite E
84 City Tallahassee FL 85 Zip Code 32301

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

JAMES E HARRIS President James E Harris

2-5-99

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 P ☐ DELETE

NAME HARRIS, JAMES E
STREET ADDRESS 1331 E. LAFAYETTE ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ST ☐ DELETE

NAME ECKLAND, EDWARD E
STREET ADDRESS 1331 E. LAFAYETTE ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE V ☐ DELETE

NAME DAUGHTERTY, GERALD
STREET ADDRESS 26348 US 19 NORTH SUITE 103
CITY-ST-ZIP CLEARWATER FL 34629

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-99 850 216 2678

CR2E034 (1/98)