**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

Corporation Name

NAM SAN CORP.

Principal Place of Business

Mailing Address

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90042 013 \*\*\*150.00



1123 DARTFORD DRIVE TARPON SPRINGS FL 34689		1123 DARTFORD DRIVE TARPON SPRINGS FL 34689		DO NOT WRITE IN THIS S	PACE			
					Date Incorporated or Qualifed     03/24/1998			
2. Principal Place of Business 2a. Mailing Addres			SS		4. FEI Number	-	Applied For	
21		26			59-350Z634	N	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc	ite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22		27			0.000.000	Fee F	Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip 24	25 29 30		Country 30	•	8. This corporation owes the current year Intangible Personal Property Tax.			
	9. Name and Address of Current	Registered Agent	81		10. Name and Address of New Registered A	gent		
14/1 OOAL WARDEN A III				Name				
WILSON, WARREN A III 31608 US HIGHWAY 19 NORTH			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
PALI	A HARBOR FL 34684		83				į	
	,		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				nt signature require	ed when reinstating) DATE		<del></del>   .	
12. OFFICERS AND DIRECTORS 13.			<del>-</del>		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Change	e ☐ Addition	
NAME	GATES, RICHARD		1.2 NAME				}	
STREET ADDRESS	4400 DADTEODD DDBT			FADDRESS				
City-ST-ZIP	TARPON SPRINGS FL 34689		1.4 C/TY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS			-	
CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	المائدة التنجي بحيد سوسما	2.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			Change	e	
NAME			3.2 NAME				Ì	
STREET ADDRESS			3.3 STREE	TADORESS				
CITY-ST-ZIP			3.4. CITY-5	T-ZIP				
TITLE	DELETE 4.1 TO		4.1 TITLE			☐ Change	e	
NAME		•	4, 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS			İ	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE		•	Change	e	
NAME			5.2 NAME				1	
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLÉ			☐ Change	e Addition	
NAME	A company of the comp		6.2 NAME				j	
STREET ADDRESS	and the second of the second o		6.3 STREE	TADDRESS				
CITY-ST-ZIP	region of the Control		6.4 CITY-S	T- 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.