


FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90035 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000035681
 1. Corporation Name
NACERO, INC.


Principal Place of Business 31087 CORTEZ BOULEVARD BROOKSVILLE FL 34602	Mailing Address 31087 CORTEZ BOULEVARD BROOKSVILLE FL 34602
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1998

4. FEI Number

59-3508218

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 Fees8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address

 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent

SPECIALE, ROBERT
31087 CORTEZ BOULEVARD
BROOKSVILLE FL 34602

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SPECIALE, ROBERT	
STREET ADDRESS	31087 CORTEZ BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SALMON, DAVID L III	
STREET ADDRESS	31087 CORTEZ BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SALMON, CECIL T	
STREET ADDRESS	31087 CORTEZ BOULEVARD	
CITY-ST-ZIP	BROOKSVILLE FL 34602	

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 ☐ 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 on 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 #

CR2E034 (11/98)