

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 # P98000079455

1. Corporation Name

THE NEBRASKINS, INC.

Principal Place of Business

5440 LORI DR., SOUTH
JACKSONVILLE FL 32207

Mailing Address

5440 LORI DR., SOUTH
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1998

4. FEI Number

59-3534299

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 5030-01 Richard Ln
Suite, Apt. #, etc.

2a. Mailing Address

26 5030-01 Richard Ln.
Suite, Apt. #, etc.

23 City & State

Jacksonville, Fl.
Country

28 City & State

Jacksonville, Fl.
Country

24 32216 25 U.S.A.

29 32216 30 USA

9. Name and Address of Current Registered Agent

MUNCHER, VELMA
5440 LORI DR., SOUTH
JACKSONVILLE FL 32207

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 Velma L. Muncher
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME MUNCHER, VELMA
STREET ADDRESS 5440 LORI DR., SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ DELETE
NAME HARDEN, TRACEY
STREET ADDRESS 9803 CREEKFRONT RD.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE
NAME MAYHEW, ROBERT
STREET ADDRESS 3042 ALONSO RD.
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ DELETE
NAME VERSCHUEREN, JOHN
STREET ADDRESS 7749 GREENWICH CT. E.
CITY-ST-ZIP JACKSONVILLE FL 32211

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 President/Secretary/Treasurer ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice President ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice President ☒ Change ☐ Addition
3.2 NAME ROBERT MAY HUGH
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Asst. Treasurer ☒ 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:

Velma L. Muncher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99
Date

904-737-0150
Daytime Phone #

CR2E034 (1/98)