

**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

**FILED**

**99 AUG 24 PM 3: 32**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V53610**

1. Corporation Name  
**Nextran Corporation**

Principal Place of Business: **1986 W. Beaver Street Jacksonville, FL 32209**  
Mailing Address: **P. O. Box 2880 Jacksonville, FL 32203**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		7/28/92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3139839	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax.			
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		10. Name and Address of New Registered Agent			

**Smith Hulsey & Busey**  
1800 First Union National Bank Tower  
225 Water Street  
Jacksonville, FL 32202

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pritchett, Marvin H.	1.2 NAME	Pritchett, Marvin H.
STREET ADDRESS	Highway 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Butler, FL 32054	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P/CEO/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pritchett, Jon W.	2.2 NAME	Pritchett, Jon W.
STREET ADDRESS	5213 S.W. 94th Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Gainesville, FL 32608	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Fischer, Lee
STREET ADDRESS		3.3 STREET ADDRESS	1986 W. Beaver Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	300002970433--2
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-08/26/99--01003--011
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Lee W. Fischer Lee Fischer 9/20/99 (904) 354-3721  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)