

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

04-20-1999 90040 048 ****150.00
V64963

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V64963

1. Corporation Name
NFE, INC.

Principal Place of Business
250 N LANE AVE
JACKSONVILLE FL 32254

Mailing Address
250 N LANE AVE
JACKSONVILLE FL 32254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	09/15/1992	Applied For
4. FEI Number	59-3153054	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
9. Name and Address of Current Registered Agent	

DEVINE, MICHAEL J.
250 N LANE AVE
JACKSONVILLE FL 32254

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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 _____
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

OFFICERS AND DIRECTORS		13.	
TITLE	NAME	1.1 TITLE	1.2 NAME
12. NAME	D DEVINE, JAMES T III	1.3 STREET ADDRESS	
STREET ADDRESS	250 N LANE AVE	1.4 CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32254	2.1 TITLE	
TITLE	President	2.2 NAME	
NAME	Michael J. Devine	2.3 STREET ADDRESS	
STREET ADDRESS	250 Lane Ave. N.	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	Jacksonville, FL 32254	3.1 TITLE	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
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
Michael J. Devine, Pres.

4/14/99 (904) 786-0204
Date Daytona Phone #

CR2E034 (11/98)