

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # **H14977** (3)

1. Corporation Name

NABORS, GIBLIN & NICKERSON, P.A.

Principal Place of Business

**BARNETT BANK BLDG. 315 S. CALHOUN #800
P.O. BOX 11008
TALLAHASSEE FL 32301**

Mailing Address

**BARNETT BANK BLDG. 315 S. CALHOUN #800
P.O. BOX 11008
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

08/02/1984

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2427540

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STEWART, GREGORY T.
315 S. CALHOUN STREET SUITE #800
BARNETT BUILDING
TALLAHASSEE FL 32301**

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 is required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	NABORS, ROBERT L.	
STREET ADDRESS	315 S. CALHOUN #800	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	☐ DELETE
NAME	GIBLIN, L. THOMAS	
STREET ADDRESS	2502 ROCKY PT. DR., #1060	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	☐ DELETE
NAME	NICKERSON, GEORGE H., JR.	
STREET ADDRESS	315 S. CALHOUN #800	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	SD	☐ DELETE
NAME	STEWART, GREGORY T.	
STREET ADDRESS	315 S. CALHOUN #800	
CITY-ST-ZIP	TALLAHASSEE FL	
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	☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

(904) 224-4070

CR2E034 (12/95)