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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H14977

(3)

NABORS, GIBLIN & NICKERSON, P.A.

)

FILED
Apr 21 1997 8:00am
Secretary of State



Principal Place of business Mailing Address					, 1991911 4191 41414 14111 14811 1491		, 4 4 . 6 . 6 . 1	
BARNETT BAN P.O. BOX 1100 TALLAHASSEE		BARNETT BANK BLDG. 315 S. CALHOUN #800 P.O. BOX 11008 TALLAHASSEE FL 32302-3008						
				3. Date Incorporated or Qualified	· ·			
9 Principal P	lace of Business	2a. Mailing Address			08/02/1984 4. FEI Number	1	16/19	
21		26			59-2427540	Applied For Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional			
22		27		5. Certificate of Status Desired	<i>Y</i> .		e Required	
City & State	9	City & State			6. Election Campaign Financing		\$5.	00 May Be
23		28	en qui en comi se manifesta en ma		Trust Fund Contribution			led to Fees
Zip	Country	Zip	Coun	try	8- This corporation has liability for intangible tax under s. 199.032,			er s. 199.032,
24	9. Name and Address of Current	29 Registered Agent	30]		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
		megistered whent		Name	TO. Name and Address of New Me	Aisteled b	เลือบเ	
	WART, GREGORY T.	nnn	L					
	S. CALHOUN STREET SUITE #1 INETT BUILDING	9 00	82 Street A		ddress (P.O. Box Number is Not Acceptable)			
	LAHASSEE FL 32301		 E	3				
	enthoose LF 0500 i							
			6	City		FL	85	Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the abo	ve-named cor	poration submits this statement for the pution's board of directors. I hereby accept		<u>L L</u> chanoi	na its reaistered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change was	authorized	by the corpora	tion's board of directors. I hereby accept	ot the appo	pintmen	t as registered
. •	arrante with and tooopt the obligat	one on occasion occasion i	ionaa olalu					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO	11E : Registered /	gent signature requ	ired when reinstaling)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	DELETE	11 INL	f			Chai	nge 🔲 Addition
NAME	NABORS, ROBERT L.		1.2 NAM	IE				
STREET ADDRESS	315 S. CALHOUN #800			EFT ADDRESS				
CITY-\$T-ZIP	TALLAHASSEE FL			-\$1-ZIP				
TITLE	VD	☐ DELETE	21 1111				Chai	nge 🔲 Addition
NAME	GIBLIN, L. THOMAS		2.2 NAM					
STREET ADORESS	2502 ROCKY PT.DR.,#1060		1	ET ADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL TD	☐ DELFTE	2 4 CIT	7-ST-ZIP	_		Char	nge 🔲 Addition
NAME	NICKERSON, GEORGE H.,JR.	Fin betite	3.2 NAM		** 1.5 1.5	•		.go [] 1.001110 (
STREET ADDRESS	315 S. CALHOUN #800			ET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL			(-ST-ZIP				
TITLE	SD	☐ DELETE	4.1 TITL	·		• • • • • • • • • • • • • • • • • • • •	Char	nge Addition
NAME	STEWART, GREGORY T.		4. 2 NAM					
STREET ADDRESS	315 S. CALHOUN #800			ET ADDRESS				
CITY-\$T-ZIP	TALLAHASSEE FL			- S1 - ZIP				
TITLE		DECETE	5.1 TITU				Char	ige 🔲 Addition
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	E1 ADORESS				
CITY-ST-ZIP				- \$1 - ZIP				
TITLE		DELETE	6.1 THE				Chai	ige 🔲 Addition
NAME :			6.2 NAM	E				
STREET ADDRESS			6.3 S1R	E1 ADORESS				
CITY-ST-ZIP	\sim		6.4 CITY	· \$1-21P				

14. I do 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 Parck 13 if changed, or only attachment with an address.