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FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **H14977** **(3)**

1. Corporation Name
NABORS, GIBLIN & NICKERSON, P.A.

Principal Place of Business	Mailing Address
BARNETT BANK BLDG. 315 S. CALHOUN #800 P.O. BOX 11008 TALLAHASSEE FL 32301	BARNETT BANK BLDG. 315 S. CALHOUN #800 P.O. BOX 11008 TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/02/1984	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2427540	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	NABORS, ROBERT L.		1.2 NAME	Robert L. Nabors	
STREET ADDRESS	315 S. CALHOUN #800		1.3 STREET ADDRESS	315 S. Calhoun St. #800	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	VD	☒ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	GIBLIN, L. THOMAS		2.2 NAME	Gregory T. Stewart	
STREET ADDRESS	2502 ROCKY PT.DR.,#1060		2.3 STREET ADDRESS	315 S. Calhoun St., #800	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NICKERSON, GEORGE H.,JR.		3.2 NAME		
STREET ADDRESS	315 S. CALHOUN #800		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STEWART, GREGORY T.		4.2 NAME		
STREET ADDRESS	315 S. CALHOUN #800		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: X _____ 4.6.98