

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

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 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/02/1984 4. FEI Number 59-2427540 Applied For Not Applicable 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$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	
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9. Name and Address of Current Registered Agent STEWART, GREGORY T. 315 S. CALHOUN STREET SUITE #800 BARNETT BUILDING TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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

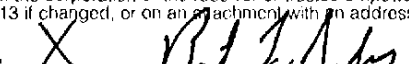
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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., #1080			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			

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:  4.6.98

CR2E034 (10/97)