2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H14977

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

FILED
04 APR 30 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KH

Principal Place of Business	Mailing Address
1500 MAHAN DRIVE 200 TALLAHASSEE, FL 32308 US	P.O. BOX 11008 TALLAHASSEE, FL 32302-1008 US

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2427540 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, GREGORY T
1500 MAHAN DR., #200
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees.

600036043276
04/11/04--01031--006 **150.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP NABORS, ROBERT L P.O. BOX 11008 TALLAHASSEE, FL 323021008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Heather Encinosa VP P.O. Box 11008 Tallahassee, FL 323021008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STEWART, GREGORY T P.O. BOX 11008 TALLAHASSEE, FL 323021008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Harry Chiles VP P.O. Box 11008 Tallahassee, FL 323021008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ARMSTRONG, BRIAN P P.O. BOX 11008 TALLAHASSEE, FL 323021008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John Stokes VP P.O. Box 11008 Tallahassee, FL 323021008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GIBLIN, THOMAS L P.O. BOX 11008 TALLAHASSEE, FL 323021008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chris Traber VP P.O. Box 11008 Tallahassee, FL 323021008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MUSTIAN, MARK T P.O. BOX 11008 TALLAHASSEE, FL 323021008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Steve Miller VP P.O. Box 11008 Tallahassee, FL 323021008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NICKERSON, GEORGE H JR P.O. BOX 11008 TALLAHASSEE, FL 323021008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Danny Tyler VP P.O. Box 11008 Tallahassee, FL 323021008	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harry T. Chiles 4/30/04 850-224-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #