

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000087369 (2)

1. Corporation Name  
**NIC CLASSIFIEDS, INC.**



Principal Place of Business: 12536 SPRING HILL DRIVE, SPRING HILL FL 34609  
Mailing Address: 12536 SPRING HILL DRIVE, SPRING HILL FL 34609

3. Date Incorporated or Qualified: 12/01/1994  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-3283549  
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  
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21 15120 County Line Rd., Suite, Apt. #, etc. 22  
2a. Mailing Address: 26 15120 County Line Rd., Suite, Apt. #, etc. 27  
23 City & State: Spring Hill, Fl. 28 City & State: Spring Hill, Fl.  
24 Zip: 34610 25 Country: USA 29 Zip: 34610 30 Country: USA  
g. Name and Address of Current Registered Agent

SHEMWELL, ROXANN G  
12536 SPRING HILL DRIVE  
SPRING HILL FL 34609

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 15120 Countyline Rd.  
83  
84 City: Spring Hill FL 85 Zip Code: 34610

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. Thereby 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) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SHEMWELL, ROXANN G	
STREET ADDRESS	12536 SPRING HILL DRIVE	
CITY- ST- ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15120 Countyline Rd.
1.4 CITY- ST- ZIP	Spring Hill, Fl. 34610
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(b), 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: *Roxann G Semwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-96 813 857 2010  
DATE TELEPHONE #

CR2E034 (12/95)