## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Arthur H. Hall

SIGNATURE AND TYPED OR PRINTED N

## FILED **DOCUMENT # 384160** Apr 17, 2006 08:00 AN Secretary of State 1. Entity Name NICHOLS TRUCK BODIES, INC. Principal Place of Business Mailing Address 1168 CAHOON RD 1168 CAHOON RD JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 59-1370424 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HALL, ARTHUR H Street Address (P.O. Box Number is Not Acceptable) 1384 CORTEZ ROAD BRYCEVILLE FL 32009 Zip Code City 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 reinstaturg) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE STD Delete HEE Change Addition *000000511237* NAME HALL, LINDA M NAME 04/29/06-80042-012 150.00 STREET ADDRESS 1384 CORTEZ ROAD STREET AODRESS CHY-ST-7IP BRYCEVILLE FL 32009 CITY-ST-ZIP THILE Delete DILE ☐ Change Addition HALL, ARTHUR HAME. NAME STREET ADDRESS 1384 CORTEZ ROAD STREET ADDRESS C83Y+ST-78 BRYCEVILLE FL 32009 CITY - ST- ZIP mu ☐ Delete DILL ☐ Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZiP ☐ Delete Addition TITLE ☐ Change DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Acciiii TITHE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/2 CITY - ST - ZIP TITLE □ Delete BILE ☐ Change Addin. MAME MAME STREET ADDRESS STREET ADDRESS City-ST-78 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

<u>904-781-5080</u>