


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

FILED
Apr 28 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 # 618537 (5) 1. Corporation Name NICHOLS MACHINE WORKS, INC.		
Principal Place of Business 1717 5TH AVE TAMPA FL 33605	Mailing Address 1717 5TH AVE TAMPA FL 33605	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2670 E. 5th Ave. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 77054 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/24/1979	
22 City & State Tampa, FL		27 City & State Tampa, FL		4. FEI Number 59-1959706 Applied For Not Applicable	
23 Zip 33605		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33605		25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 33675		27 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NICHOLS, DENNIS L. 509 W 130TH AVE TAMPA FL 33612				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 FL				86 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

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	P	1.1 TITLE	P
NAME	DENNIS L. NICHOLS	1.2 NAME	Dennis L. Nichols
STREET ADDRESS	1717 5TH AVE	1.3 STREET ADDRESS	2670 E. 5th Ave.
CITY-ST-ZIP	TAMPA FL 33605	1.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE	VP	2.1 TITLE	VP
NAME	THOMAS D. NICHOLAS	2.2 NAME	Thomas D. Nichols
STREET ADDRESS	1717 5TH AVE	2.3 STREET ADDRESS	2670 E. 5th Ave.
CITY-ST-ZIP	TAMPA FL 33605	2.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE	S	3.1 TITLE	S
NAME	INGEBORG T. NICHOLS	3.2 NAME	Ingeborg T. Nichols
STREET ADDRESS	1717 5TH AVE	3.3 STREET ADDRESS	2670 E. 5th Ave.
CITY-ST-ZIP	TAMPA FL 33605	3.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE	T	4.1 TITLE	T
NAME	RADKE, ANDREA D.	4.2 NAME	Andrea D. Radke
STREET ADDRESS	1717 E. 5TH AVENUE	4.3 STREET ADDRESS	2670 E. 5th Ave.
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: Dennis L. Nichols 4-21-98 (813)248-6668

CR2E034 (10/97)