

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 # **G37539** (5)

1. Corporation Name

**J B NICK'S DEALER SUPPLY, INC.**



Principal Place of Business

**8519 ALTON AVENUE  
JACKSONVILLE FL 32211  
US**

Mailing Address

**8519 ALTON AVENUE  
JACKSONVILLE FL 32211  
US**

3. Date Incorporated or Qualified  
**05/09/1983**

3a. Date of Last Report  
**02/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

g. Name and Address of Current Registered Agent

**NORMAN, SUSAN B.  
154 COASTAL OAK CIR  
PONTE VEDRA BCH FL 32085**

4. FEI Number

**59-2396005**

Applied For

Not Applicable

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

81 Name

**Susan B. Jackson**

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

83

**2233 Semindale RD #5**

84 City

**Atlantic Bch**

FL

85 Zip Code

**32233**

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

TITLE ☐ DELETE

**PDT  
JACKSON, SUSAN  
154 COSTAL OAK CIRCLE  
PONTE VEDRA BEACH FL**

TITLE ☒ DELETE

**DV  
VOELKER, HOLLY B.  
4771 CATES AVENUE  
JACKSONVILLE FL**

TITLE ☒ DELETE

**VSD  
HUTCHIN, CANDIS B  
362 TILEFISH COURT  
JACKSONVILLE FL**

TITLE ☐ DELETE

**NICK  
STREET ADDRESS  
CITY- ST- ZIP**

TITLE ☐ DELETE

**NICK  
STREET ADDRESS  
CITY- ST- ZIP**

TITLE ☐ DELETE

**NICK  
STREET ADDRESS  
CITY- ST- ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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)(k), 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:

**S. B. Jackson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/96**

**904  
721-0841**  
Daytime Phone #

CR2E034 (12/95)