

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G99222

(3)

1. Corporation Name

DAVE NICHOLS ADJUSTORS, INC.

Principal Place of Business

4517 VINSETTA AVENUE
PO BOX 2883
FT MYERS FL 33902

Mailing Address

4517 VINSETTA AVENUE
PO BOX 2883
FT MYERS FL 33902

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1984

3a. Date of Last Report

04/14/1994

4. FEI Number

59-2377010

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

2. Principal Place of Business

21 15466 Crystal Lake Dr

Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 2883

Suite, Apt. #, etc.

City & State

23 No FT. Myers FL

Zip

Country

City & State

28 FT. MYERS FL

Zip

Country

24 33917

25 Lee

29 33902

30 Lee

9. Name and Address of Current Registered Agent

NICHOLS, DAVID T.
4517 VINSETTA AVENUE
NORTH FT. MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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 handstamping)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
PSD
NICHOLS, DAVID T.
4517 VINSETTA AVENUE
NORTH FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 15466 Crystal Lake Dr.
1.4 CITY, ST, ZIP No FT. MYERS FL 33917

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

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 110.07(3)(c), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 on an attachment with all additions.

SIGNATURE:

David T. Nichols

David T. Nichols

4/26/95 813-731-2400