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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90032 023 ***150.00

DOCUMENT # H26940 1. Corporation Name NIHOUL DEVELOPMENT CO., INC.		
Dringinal Place of Business	Mailing Address	

4063 SALISBUR						
201 JACKSONVILLE	FL 32216	JACKSONVILLE FL 32216			DO NOT WRITE IN THIS SPACE	
US	, a saa, v	US			3. Date Incorporated or Qualifed 10/24/1984	
2. Principal P	lace of Business	2a. Mailing Address			4: FEI Number - Applied For	
21		26 2526 KEL	Lou	3. Cal		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing S5.00 May Be	
23		TACKSONUL	LLE	, FC	Trust Fund Contribution LJ Added to Fees	
Zip	Country	Zip 1523	Countr	y 	8. This corporation owes the current year Intangible	
24	25	Zip 29 32-216-25 ³) "	YS,	Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registered Agent	
NII IO	N. N N. / (1. A.		81	Name		
NIHOUL, WILLIAM H. 2526 KELLOW CIR			82	Street A	Address (P.O. Box Number is Not Acceptable)	
JACK	(SONVILLE FL 32216		83	3		
			84	1	FL 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	orized by	/ the corpor	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
	Signature, typed or printed name of registered agei			int signature rec	equired when reinstating) DATE DESCRIPTION OF THE PROPERTY O	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	Decere		1	□ 4 rando	
NAME	NIHOUL, WILLIAM H.		1.2 NAME	l		
STREET ADDRESS	2526 KELLOW CIR			ET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-1	ST-ZIP	☐ Change ☐ Addition	
TITLE	.*	, Dette le				
NAME			2.2 NAME	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	2. 4 CITY- 3.1 TITLE	SI-ZIP	☐ Change ☐ Addition	
TITLE			3.2 NAME			
NAME				ET ADORESS		
STREET ADDRESS			3.3 STREE			
C/TY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		_	4. 2 NAME	j		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-1	3T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-1	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, with all other like empowered.

SIGNATURE:

WIN NIGHOUL