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

FILED Feb 17 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)H29077 NICHOLS UNLIMITED, INC. Mailing Address Principal Place of Business P. O. BOX 4143 P. O. BOX 4143 TALLAHASSEE FL 32315 TALLAHASSEE FL 32315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/07/1984</u> 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-2463120 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zıp Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENTON, RICHARD E. 1415 E. PIEDMONT DR. Street Address (P.O. Box Number is Not Acceptable) R2 **SUITE 4 TALLAHASSEE FL 32308** 83 City 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or pointed harne of require red a anni and bite if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 11 TITLE Change ☐ Addition NICHOLS, A. A. NAME 1.2 NAME 4705 INISHEER COURT STREET ADORESS 1.3 STREET ADDRESS TALLAHASSEE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE PSD DELETE 2.1 TITLE Change ■ Addition NICHOLS, JANIS L. NAME 2.2 NAME 4705 INISHEER COURT STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

222-2100

☐ Addition

6.1 TITLE

62 NAME

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 Janis L. nichols 02/10/98 SIGNATURE:

DELETE

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME