FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:34

DOCUMENT # **H50600** **(6)**

1. Corporation Name
MASON NICHOLS, INC.

Principal Place of Business	Mailing Address
1873 EDGEWOOD AVENUE S **JACKSONVILLE FL 32205**	**1873 EDGEWOOD AVENUE S** **JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/29/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2523339** ☐ 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

9. Name and Address of Current Registered Agent

SANDRA B. NICHOLS
1873 EDGEWOOD AVE., S.
JACKSONVILLE FL 32205

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 _____ DATE
Signature, typed or printed name of registered agent and date required. NOTE: Registered Agent signature required when name changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**PD**	11 TITLE	☐ Change ☒ Addition
NAME	**NICHOLS, SANDRA B.**	12 NAME	
STREET ADDRESS	**1873 EDGEWOOD AVE S**	13 STREET ADDRESS	
CITY ST ZIP	**JACKSONVILLE FL**	14 CITY ST ZIP	32205
TITLE	**SD**	21 TITLE	☐ Change ☒ Addition
NAME	**NICHOLS, ROBERT C.**	22 NAME	
STREET ADDRESS	**1873 EDGEWOOD AVE. S.**	23 STREET ADDRESS	
CITY ST ZIP	**JACKSONVILLE FL**	24 CITY ST ZIP	32205
TITLE	**VD**	31 TITLE	☐ Change ☒ Addition
NAME	**NICHOLS JR., ROBERT C.**	32 NAME	
STREET ADDRESS	**1873 EDGEWOOD AVE. S.**	33 STREET ADDRESS	
CITY ST ZIP	**JACKSONVILLE FL**	34 CITY ST ZIP	32205
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 hereinabout, or on an attachment with an address.

SIGNATURE: S/D ROBERT C. NICHOLS 3/7/95 9043874585
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #