

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H69246 (7)

1. Corporation Name

NICHOLSON & ASSOCIATES, INC.



Principal Place of Business

% BRUCE A. MITCHELL. ESQ.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

Mailing Address

% BRUCE A. MITCHELL. ESQ.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

3. Date incorporated or Qualified
07/31/1985

3a. Date of Last Report
04/18/1995

2. Principal Place of Business
21 Nicholson & Associates
Suite, Apt. #, etc.

2a. Mailing Address
26 Nicholson and Associates
Suite, Apt. #, etc.

22 822 Miramar
City & State

27 P.O. Box 510144
City & State

23 Indialantic
Zip

Country
25 32903

28 Melbourne Beach FL
Zip

Country
29 32951

30 USA

4. FEI Number
59-2560329

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

MITCHELL, BRUCE A.
1825 S. RIVERVIEW DR.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name Carol Nicholson
82 Street Address (P.O. Box Number is Not Acceptable)
442 Sandy Key
83
84 City Melbourne Beach FL 85 Zip Code 32951

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Carol Nicholson

Carol E. Nicholson

4/30/96

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME NICHOLSON, CAROL
STREET ADDRESS 442 SANDY KEY
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE DST ☐ DELETE
NAME KENNY, E. PATRICK
STREET ADDRESS 442 SANDY KEY
CITY-ST-ZIP MELBOURNE BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

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:

Carol Nicholson

Carol E. Nicholson 4/30/96

407-725-9442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)