

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

FILED

Apr 07 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **H95880** (1)

1. Corporation Name
SANDI NICHOLS ASSOCIATES, INC.

Principal Place of Business
**4987 E. CO. HIGHWAY 30-A
P O DRAWER 460
SANTA ROSA BEACH FL 32459
US**

Mailing Address
**P O DRAWER 460
P O DRAWER 460
FT WALTON BEACH FL 32549-0460
US**



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|--|--|---|--|------------------------------------|--|
| 2. Principal Place of Business 21 4987 E. Co. Hwy 30-A Suite, Apt. #, etc. 22 N/A City & State 23 SANTA ROSA BEACH, FL Zip 24 32459 | 2a. Mailing Address 26 P.O. DRAWER 460 Suite, Apt. #, etc. 27 — City & State 28 FL. WALTON BEACH, FL Zip 29 32549 | 3. Date Incorporated or Qualified 01/27/1986 | 3a. Date of Last Report 02/28/1996 | 4. FEI Number 59-2623510 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | | |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

**NICHOLS, SANDI
8 MIRACLE ST. PARKWAY
P O DRAWER 460
FORT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 type: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICHOLS, SANDRA F. | 1.2 NAME | |
| STREET ADDRESS | 8 MIRACLE STRIP PKWY. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | FORT WALTON BCH FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BORDEN, DAS A. | 2.2 NAME | |
| STREET ADDRESS | 200 ALABAMA FEDERAL BLDG | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MUSCLE SHOALS AL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do 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.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 904-231-5795
Date Daytime Phone #

0489681

CR2E034 (9/96)