

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J10053
Corporation Name
NICON, INC.

4-26-96 B-4652-C
(3)



Principal Place of Business

% ROBERT F. MCKEE
1724 E. 7TH AVE.
TAMPA FL 33605-3806

Mailing Address

% ROBERT F. MCKEE
1724 E. 7TH AVE.
TAMPA FL 33605-3806

Principal Place of Business

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

Zip

Country

28

Zip

Country

9. Name and Address of Current Registered Agent

MCKEE, ROBERT F.
1724 E. 7TH AVE.
TAMPA FL 33675-0638

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3. Date Incorporated or Qualified
04/17/1986

3a. Date of Last Report
03/09/1995

4. FFI Number

59-2682504

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

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when filing)

OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. TITLE PD
NAME LOPEZ, JOSEPH D.
STREET ADDRESS 18823 GULF BLVD., 316
CITY-ST-ZIP INDIAN SHORES FL

TITLE VST
NAME ALONZO, RUSSELL
STREET ADDRESS 1603 BLENHEIM DRIVE
CITY-ST-ZIP LUTZ FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

813-620-3314

CR2E034 (12/95)