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

APPROVED AND FILED
10 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J78191 (0)

1. Corporation Name
NICHOLS CONTRACTING COMPANY, INC.

Principal Place of Business	Mailing Address
309 BELVEDERE ST. ATLANTIC BEACH FL 32233	309 BELVEDERE ST. ATLANTIC BEACH FL 32233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/17/1987
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2826144 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

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

9. Name and Address of Current Registered Agent

NICHOLS EDWARD RANDOLPH
309 BELVEDERE ST
ATLANTIC BEACH FL 32233

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 617.0502, 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 ____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NICHOLS, EDWARD RANDOLPH
STREET ADDRESS	309 BELVEDERE ST.
CITY-ST-ZIP	ATLANTIC BEACH FL
TITLE	D
NAME	NICHOLS, EDWARD RANDOLPH
STREET ADDRESS	309 BELVEDERE ST
CITY-ST-ZIP	ATLANTIC BEACH FL 32233
TITLE	VST
NAME	NICHOLS, EDWARD RANDOLPH
STREET ADDRESS	309 BELVEDERE ST
CITY-ST-ZIP	ATLANTIC BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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(1)(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: E Nichols — 5/5/95 — 904/249-0725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE

0019762 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # J78521 (8)

1. Corporate Name

RATIONAL INVESTMENTS, INC.

...25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address

% CARL L. STUBBINGS
1463 MARION AVE P.O. BOX 13299
TALLAHASSEE FL 32317

% CARL L. STUBBINGS
1463 MARION AVE P.O. BOX 13299
TALLAHASSEE FL 32317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1987
3a. Date of Last Report: 07/06/1994

2. Principal Place of Business
2a. Mailing Address
4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable
Suite, Apt. # etc.
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip / Country
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STUBBINGS, CARL H. 1463 MARION AVE. P.O. BOX 13299 TALLAHASSEE FL 32317	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	☐ Change ☐ Addition
NAME	STUBBINGS, CARL H.	
STREET ADDRESS	1463 MARION AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	☐ Change ☐ Addition
NAME	STUBBINGS, SHIRLEY D.	
STREET ADDRESS	1463 MARION AVE.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: Carl H Stubbings Carl H Stubbings 2 May 95 904 681 6591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400229 FP