

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 c. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1-2

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 97 JUL 18 AM 9:51  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DOCUMENT # K57734 (1)**

1. Corporation Name  
**NICHOLSON PROPERTIES, INC.**



Principal Place of Business <del>830 S 3RD ST</del> <del>SUITE 107</del> <del>JACKSONVILLE FL 32082</del> <del>US</del>	Mailing Address PO BOX 50127 JACKSONVILLE BCH FL 32240 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/12/1989</b>	3a. Date of Last Report <b>04/09/1996</b>
4. FEI Number <b>59-2934006</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 315 11TH AVE. NORTH</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
City & State <b>23 JACKSONVILLE BEACH, FL.</b>	City & State <b>28</b>
Zip <b>24 32250</b>	Country <b>25 USA</b>

9. Name and Address of Current Registered Agent <b>NICHOLSON, JR. W</b> <b>699 BEACH AVENUE</b> <b>SUITE 106</b> <b>ATLANTIC BEACH FL 32233</b>	10. Name and Address of New Registered Agent <b>B1</b> Name <b>B2</b> Street Address (P.O. Box Number is Not Acceptable) <b>B3</b> <b>B4</b> City <b>FL</b> <b>B5</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICHOLSON, WILLARD B. JR.</b>	1.2 NAME	<b>WILLARD B. NICHOLSON, JR.</b>
STREET ADDRESS	<del>830 S. 3RD ST. SUITE 107</del>	1.3 STREET ADDRESS	<b>315 11TH AVE. NORTH</b>
CITY-ST-ZIP	<del>JACKSONVILLE BEACH FL</del>	1.4 CITY-ST-ZIP	<b>JACKSONVILLE BEACH, FL 32250</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>000002247170--0</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>-07/24/97--01107--020</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<b>***165.00</b> <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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (4/97)

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# NICHOLSON

PROPERTIES

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July 15, 1997

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: 1997 Corporation Annual Report for K57734

Gentlemen:

Earlier today I received a "2nd Notice" to file captioned report. Please be advised that on January 4, 1997, I sent check number 1666, in the amount of \$165.00, dated 4 January 1997, to you accompanied by the completed Annual Report.

I was advised by one of your staff today that a number of reports from that period were lost or destroyed. In view of the foregoing, I am resubmitting captioned report, but instead of \$550.00, I am enclosing \$165.00, in response to the advise given during my telephone call to the Department.

Should you have any questions, please contact me at my office, telephone number 904-246-1658.

Sincerely,



W.B. Nicholson, Jr.  
President

Enclosures