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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90015 035 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K58467

1. Corporation Name

NICK'S AUTO WHOLESALE INCORPORATED

Principal Place of Business

C/O N. B. MIDDLEBROOKS
6207 BEACH BLVD.
JACKSONVILLE FL 32216
US

Mailing Address

C/O N. B. MIDDLEBROOKS
3346 PALM ISLAND DR.
JACKSONVILLE FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1989

4. FEI Number

~~58-2917582~~ **59-3569397**

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 8218 Beach Blvd.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville, Florida

Zip

24 32216

Country

25 USA

2a. Mailing Address

26 4247 Alesbury Dr.

Suite, Apt. #, etc.

27

City & State

28 Jacksonville, Florida

Zip

29 32224

Country

30 USA

9. Name and Address of Current Registered Agent

GREENLETTE, V B
3250 TEA ROSE DR.
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name, Willie Jackson

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

83 834 East University Avenue

84

City

Gainesville

FL

85 Zip Code

32601

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **MIDDLEBROOKS, N.B.**
STREET ADDRESS **3346 PALM ISLAND DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **Willie Jackson** ☐ DELETE

NAME **4247 Alesbury Dr.**
STREET ADDRESS **Jacksonville, FL 32224**
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

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 **D**
1.3 STREET ADDRESS **Willie Jackson**
1.4 CITY-ST-ZIP **4247 Alesbury Dr.**
Jacksonville, FL 32224

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Willie Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99
Date

(904) 237-1846
Daytime Phone #

CR2E034 (11/98)