

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K61285 (8)

1. Corporation Name

THE NICE PICTURE COMPANY, INCORPORATED



Principal Place of Business

Mailing Address

C/O THOMAS M. JACOBY  
100 WEST 7TH AVENUE  
HAVANA FL 32333

C/O THOMAS M. JACOBY  
100 WEST 7TH AVENUE  
HAVANA FL 32333

2. Principal Place of Business

2a. Mailing Address

21 308 FIRST ST NW

25 308 FIRST ST NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 HAVANA, FL

28 HAVANA FL

24 Zip

Country

29 Zip

Country

32333

USA

32333

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
01/26/1989

3a. Date of Last Report  
03/30/1995

4. FEI Number  
59-2926351

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

JACOBY, THOMAS M.  
100 WEST 7TH AVENUE  
HAVANA FL 32333

81 Name

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

308 FIRST ST NW

83

84 City

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS  
NAME JACOBY, THOMAS M.  
STREET ADDRESS 100 WEST 7TH AVENUE  
CITY-ST-ZIP HAVANA FL

☐ DELETE

TITLE VT  
NAME JACOBY, MELISSA C.  
STREET ADDRESS 2019 TRESSCOTT DRIVE  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

308 FIRST ST NW

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

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(3)(k), 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

4/21/96

904-535-5952

(Date)

Daytime Phone #

CR2E034 (12/95)