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Secretary of State

06-07-1999 90013 013 ***558.75

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K89642 1. Corporation Name NICHOLS AND PAUL, INC.			
Principal Place of Business 4335 SR 60 W 5120 S. LAKELAND DR. STE 3 - POB 5950 MULBERRY FL 33860 US		Mailing Address P O BOX 5950 5120 S. LAKELAND DR. STE 3 - POB 5950 LAKELAND FL 33807 US	
2. Principal Place of Business 21 4335 State Road 60 W Suite, Apt. #, etc. 22 City & State 23 Mulberry, Fl Zip Country 24 33860 25 Polk		2a. Mailing Address 26 P.O. Box 7430 Suite, Apt. #, etc. 27 City & State 28 Lakeland, Fl Zip Country 29 33807 30 Polk	
9. Name and Address of Current Registered Agent NICHOLS, STEPHEN R 1400 GRASSLANDS BLVD SUITE 23 LAKELAND FL 33803		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1132 Heartland Circle 83 84 City Mulberry, FL 85 Zip Code 33860	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P NICHOLS, STEPHEN R. <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1400 GRASSLANDS BLVD SUITE 23	1.2 NAME	
STREET ADDRESS	LAKELAND FL 33803	1.3 STREET ADDRESS	1132 Heartland Circle
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Mulberry, Fl 33860
TITLE	V NICHOLS, MICHAEL V. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	418 MIRAMAR	2.2 NAME	
STREET ADDRESS	LAKELAND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	ST PETRUCCI, BERNARD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2132 E. GACHET BLVD.	3.2 NAME	
STREET ADDRESS	LAKELAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V PAUL, DAVID <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1325 VALLEY HILL DRIVE	4.2 NAME	
STREET ADDRESS	LAKELAND FL	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	

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/99)