


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L27935** (0)  
1. Corporation Name  
**NICHOLS DISTRIBUTING CO., INC.**



Principal Place of Business <b>4916 DISTRIBUTION DRIVE</b> <del>2000 MAIN STREET SUITE 402</del> <i>Delete line</i> <b>TAMPA FL 33605</b> <b>US</b>	Mailing Address <b>4916 DISTRIBUTION DRIVE</b> <del>2000 MAIN STREET SUITE 402</del> <i>Delete line</i> <b>TAMPA FL 33605</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4916 Distribution Drive</b> Suite, Apt. #, etc. 22 City & State 23 <b>Tampa, FL</b> Zip 24 <b>33605</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>4916 Distribution Drive</b> Suite, Apt. #, etc. 27 City & State 28 <b>Tampa, FL</b> Zip 29 <b>33605</b> Country 30 <b>US</b>		3. Date Incorporated or Qualified <b>11/07/1989</b>	
		4. FEI Number <b>65-0162208</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 type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>NICHOLS, ANTHONY</b> <b>5113 ROLLING FAIRWAY DRIVE</b> <b>VALRICO FL 34237</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code <b>33594-8221</b>	
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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

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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NICHOLS, ANTHONY</b>			1.2 NAME			
STREET ADDRESS	<b>5113 ROLLING FAIRWAY DR</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>VALRICO FL 33594-8221</b>			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>NICHOLS, FAITH</b>			2.2 NAME			
STREET ADDRESS	<b>5113 ROLLING FAIRWAY DR</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>VALRICO FL 33594-8221</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<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 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

*Anthony Nichols*

1-23-98 813-  
318-1411

CR2E034 (10/97)