FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L28597** **(7)**

1. Corporate Name

NICHOLAS PROPERTIES, INC.

Principal Place of Business	Mailing Address
5364 EHRLICH RD. SUITE # 187 TAMPA FL 33625	5364 EHRLICH RD. SUITE # 187 TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/06/1989	03/31/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number
59-2982687
☐ Applied For
☐ Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEVITO, NICHOLAS
5364 ENRLICH RD #187
SUITE 1002
TAMPA FL 33625

10. Name and Address of New Registered Agent

31 Name

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

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
36	PD	37	☐ Change ☐ Addition
38 NAME	DEVITO, NICHOLAS	39 NAME	
40 STREET ADDRESS	6402 FALCON COURT	41 STREET ADDRESS	
42 CITY ST ZIP	TAMPA FL	43 CITY ST ZIP	
44		45	☐ Change ☐ Addition
46 NAME		47 NAME	
48 STREET ADDRESS		49 STREET ADDRESS	
50 CITY ST ZIP		51 CITY ST ZIP	
52		53	☐ Change ☐ Addition
54 NAME		55 NAME	
56 STREET ADDRESS		57 STREET ADDRESS	
58 CITY ST ZIP		59 CITY ST ZIP	
60		61	☐ Change ☐ Addition
62 NAME		63 NAME	
64 STREET ADDRESS		65 STREET ADDRESS	
66 CITY ST ZIP		67 CITY ST ZIP	
68		69	☐ Change ☐ Addition
70 NAME		71 NAME	
72 STREET ADDRESS		73 STREET ADDRESS	
74 CITY ST ZIP		75 CITY ST ZIP	
76		77	☐ Change ☐ Addition
78 NAME		79 NAME	
80 STREET ADDRESS		81 STREET ADDRESS	
82 CITY ST ZIP		83 CITY ST ZIP	

14. I/We certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an alternate.

SIGNATURE: Nicholas DeVito 4/28/95 (813) 931-1113

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Date Daytime Phone #

0903781 CP