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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # L95

1. Corporation Name

Nice Stuff INC.

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90078 046 ***150.00

Principal Place of Business	Mailing Address				
20 Ex	est Broadway		DO NOT WRITE IN TH	HIS SPACE	
	•		07/02/4	70	
2. Principal Place of Business	2a. Mailing Addres	s	4. FEI Number 59-3017794	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, e	tc.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Coun	try Zip	Country 30	This corporation owes the current year Personal Property Tax.	Intangible ☑ Yes □No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CRADDOCK, Hugh H. JR. 612 Valley Stream DR. GENEVA, FL. 32732		81 Name			
		82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
		83			
GENEVA, FL. 32732		84 City	F	85 Zip Code	
office or registered agent, or bot	ections 607.0502 and 607.1508, Florida th, in the State of Florida. Such change scept the obligations of, Section 607.050	was authorized by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE		245	OUT		
	me of registered agent and title if applicable.	(NOTE: Registered Agent signature	PARTITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	

DELETE Addition TITLE 1.1 TITLE Change CRADDOCK JACQUELYN 612 VALLEY STREAM DR. GENEVA, FL. 32732 NAME 1.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE ☐ Change Addition 21 TM F TITLE CRADDOCK Hugh H. JR. 612 VALLEY STREAM DR. NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS GENEVA, FL 32732 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition TITLE 3.2 NAME. NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99 (407)366-3840 Date Dayline Phone # CR2E034 (11/98)