FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 06 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)JIMMIE J. NICHOLS REALTY, INC. Principal Place of Business Mailing Address 199 WEST U.S. HIGHWAY 98 199 WEST U.S. HIGHWAY 98 P.O. BOX 786 P.O. BOX 796 DO NOT WRITE IN THIS SPACE APALACHICOLA FL 32320 APALACHICOLA FL 32320 3. Date Incorporated or Qualified 08/20/1990 2. Principal Place of Business 2a. Mailing Address Applied For 59-3042154 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 NICHOLS, JIMME J. 199 WEST U.S. HIGHWAY 98 Street Address (P.O. Box Number is Not Acceptable) APALACHICOLA FL 32320 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 it applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE NICHOLS, JIMMIE J. MAME 12 NAME 199 WEST US HWY, 98 1.3 STREET ADDRESS STREET ADORESS apalachicola fl CITY-ST-ZIP 1.4 CiTY-ST-ZIP Change DELETE Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME MALAF 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Channe 41 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 leport 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 President

SIGNATURE:

April 28, 1998

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

61 TITLE 62 NAME

CITY-ST-ZIP

STREET ADDRESS

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Change

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Addition

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