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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000015676 (8)

NICOLE CONSTRUCTION CORPORATION

Principal Place of Business Mailing Address					T TO DESCRIPT THE TRUET THE TOPIC DUTY OF THE	MAIAI LIAAI AICIK Aic	P I I I I I I I	Till IND.
6803 20TH AVE. SOUTH TAMPA FL 33619-5851		6803 20TH AVE. SOUTH TAMPA FL 33619-5851						
					3. Date Incorporated or Qualified 03/02/1993	3a. Date of L 04/12/19		port
2. Principal F	Place of Business	2a. Mailing Address 26	.,	-	4. FEI Number NOT APPLICABLE	-		olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				r \$8		dditional
22		27			5. Certificate of Status Desired		ee Req	
City & Stat	te	City & State			6. Election Campaign Financing	\$5		May Be
23 Zip	Country	28 Zip	Country		Trust Fund Contribution		dded to	
24	25	29	30		8. This corporation has liability for in Florida Statutes	ntangible tax un] Yes	ider s.	199.032,
<u></u>	9. Name and Address of Currer				10. Name and Address of New Reg			
THO	MAS, LARRY D		81	Name				
6803 20TH AVE. SOUTH TAMPA FL 33619			82	Street Addre	ss (P.O. Box Number is Not Acceptab	ie)		
IAM	FA FL 33018		83			**************************************		
			84	City		FL ⁸⁵	Zip C	ode
11. Pursuant office or ragent. La	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the oblig-)2 and 607.1508, Florida State e of Florida. Such change was ations of, Section 607.0505, F	utes, the above s authorized by Florida Statutes	named corpo the corporatio	pration submits this statement for the pron's board of directors. I hereby accept	urpose of chanc	jing its int as re	registered egistered
SIGNATURE	N. 27 12 12 12 12 12 12 12 12 12 12 12 12 12			 ,		· · · · · · · · · · · · · · · · · · ·		
12.	Signature, typird or printed name of registered age OFFICERS ANI	ent and little if applicable. (NO ID DIRECTORS	OTE: Registered Ager	t signature required	d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS	: IN 12
TITLE	D	DELETE	1.1 TITLE		72011101107017110C0 (0 01110	☐ Ch		Addition
NAME	THOMAS, LARRY D		1.2 NAME			—		
STREET ADDRESS	6803 20TH AVE., SOUTH		1.3 STREET	ADDRESS		•		
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST	r-ZIP				
TITLE		DELETE	2.1 TITLE		With this transfer to the state of the state	☐ Ch	ange	☐ Addition
NAME			2.2 NAME		e e	1		
STREET ADDRESS			2.3 STREET A	ADDRESS	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	4 2 m		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP				- PART
TITLE		☐ DELETE	3.1 TITLE			L. Ch	ange	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET /					
CHY-ST-ZIP TITLE		DELETE	3.4. CITY-ST 4.1 TITLE	r- ZIP		Ch	2000	Addition
NAME		DECENE	4.7 MILE 4. 2 NAME			L. 01	aliue	L AUGINION
STREET ADDRESS			4. 2 HARRE 4.3 STREET /	ADDRECC				
CITY-ST-ZIP			4.4 CITY-ST					
TITLE		☐ DELETE	5.1 TITLE	-417		Ch	ange	Addition
NAME			5.2 NAME				-	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST					
TITLE		DELETE	6.1 TITLE	-"		☐ Ch	ange	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET /	ADORESS				

14. If do 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, of on an attachment with an address.

3-30-97