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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:55

DOCUMENT # **P93000020044 (2)**

1. Corporation Name
NICHOLS AGENCY, INC.

Principal Place of Business	Mailing Address
411 VIN ROSE CIRCLE S.E. PALM BAY FL 32909	P.O. BOX 100186 PALM BAY FL 32910 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/12/1993
3a. Date of Last Report: 05/13/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21 1900 S. HARBOR CITY BLVD	26 1900 S. Harbor City Blvd	59-3172101	Applied For / Not Applicable
Suite, Apt. #, etc. 22 328 Y	Suite, Apt. #, etc. 27 7 ARTHUR CT.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Melbourne, FLORIDA	City & State 28 SATELLITE Beach, Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32901 / Country 25 BREVARD	Zip 29 32937 / Country 30 BREVARD	8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~NICHOLS, JAMES R~~ ~~411 VIN ROSE CIRCLE S.E.~~ 7 ARTHUR COURT ~~PALM BAY FL 32909~~ SATELLITE Beach, FL 32937	81 Name: NICHOLS, JAMES R. 82 Street Address (P.O. Box Number is Not Acceptable): 7 ARTHUR COURT 83 84 City: SATELLITE Beach FL 85 Zip Code: 32937

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: James R. Nichols JAMES R. NICHOLS PRESIDENT/T 01 June 95
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, Registered Agent must sign)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PT NAME: NICHOLS, JAMES R STREET ADDRESS: 411 VIN ROSE CIRCLE, SE CITY-ST-ZIP: PALM BAY FL 32909	11 TITLE: PT 12 NAME: Nichols, James R. 13 STREET ADDRESS: 7 ARTHUR COURT 14 CITY-ST-ZIP: SATELLITE Beach, Fl 32937 ☒ Change ☐ Addition
TITLE: S NAME: NICHOLS, CATHERINE G STREET ADDRESS: 411 VIN ROSE CIRCLE, SE CITY-ST-ZIP: PALM BAY FL 32909	21 TITLE: S 22 NAME: Nichols, Catherine G 23 STREET ADDRESS: 7 ARTHUR COURT 24 CITY-ST-ZIP: SATELLITE Beach, FL 32937 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I/We hereby 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 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: James R Nichols JAMES R. NICHOLS 01 June 95 407.676 2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0497100 FN

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P93000023244 (5)**

1. Corporation Name
BARBAROSA BEACH CLUB, INC.

Principal Place of Business
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

Mailing Address
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/24/1993**
3a. Date of Last Report: **07/07/1994**
4. FEI Number: **63-1091646** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

BLUE, ROB JR
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIE, J. C M.D.	1.2 NAME	
STREET ADDRESS	1804 - 12TH AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	SOUTH BHAM AL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ✓ J. Clayton Davie MD   5/3/95   205-933-2106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E007 CP