

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P93000052319 (9)**

1. Corporation Name

**NICHOLS ASSOCIATES OF PONTE VEDRA, INC.**



Principal Place of Business

Mailing Address

**156 PLANTATION  
100 DAHLIA COURT  
PONTE VEDRA BCH. FL 32082**

**100 DAHLIA COURT  
PONTE VEDRA BCH. FL 32082**

2. Principal Place of Business

2a. Mailing Address

21 **156 PLANTATION CIRS**  
Suite, Apt. #, etc.

26 **156 PLANTATION CIRS**  
Suite, Apt. #, etc.

City & State

City & State

23 **PONTE VEDRA Bch**

28 **PONTE VEDRA Bch**

Zip

Country

Zip

Country

24 **32082**

25 **ST JOHNS**

29 **32082**

30 **ST JOHNS**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

**07/27/1993**

**06/07/1995**

4. FEI Number

Applied For

**59-3193609**

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

10. Name and Address of New Registered Agent

**WALKER, JAMES V  
4655 SALISBURY RD., S-390  
JACKSONVILLE FL 32256**

81. Name

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

**10151 DEERWOOD PARK BLVD.  
BUILDING 100 SUITE 200**

83. City

**JACKSONVILLE**

FL

85. Zip Code

**32256**

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 the corporation (NOTE: Registered Agent signature requires a witness stamp)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D NICHOLS, ROGER C**  
STREET ADDRESS **100 DAHLIA COURT**  
CITY-ST-ZIP **PONTE VEDRA BCH. FL 32082**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Roger Nichols** **ROGER C NICHOLS**

**5/1/96**

**904-273-0621**

Daytime Phone

CR2E034 (12/95)