

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

**FILED**  
*File* Aug 31 1998 8:00am  
 Secretary of State

**PROFIT CORPORATION ANNUAL REPORT 1998**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000052319**  
 1. Corporation Name  
 NICHOLS ASSOCIATES OF PONTE VEDRA, INC.

Principal Place of Business Mailing Address  
 156 Plantation Circle S. SAME  
 Ponte Vedra Beach  
 Florida 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 28 Zip Country 29 Zip Country 30

3. Date Incorporated or Qualified  
 7/27/93  
 4. FEI Number 59-3193609 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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
 JAMES V. WALKER

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 217 Ponte Vedra Park Drive  
 83 Suite 200  
 84 City Ponte Vedra Beach FL 85 Zip Code 32082

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 Walker* 7-9-98  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
 TITLE NAME  DELETE  
 NAME ROBERT C. NICHOLS  
 STREET ADDRESS 156 PLANTATION CIR S.  
 CITY - ST - ZIP PONTE VEDRA FL 32082  
 TITLE NAME  DELETE  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME  DELETE  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME  DELETE  
 STREET ADDRESS  
 CITY - ST - ZIP  
 TITLE NAME  DELETE  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 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 500002823625  
 6.3 STREET ADDRESS -09/01/98--01012--005  
 6.4 CITY - ST - ZIP \*\*\*61.25

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 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: *Roger Nichols* 7/16/98 704 273-0621  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)

*7/8/98*