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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000065331 (9)

1. Corporation Name
DOUBLE NICHOL PUB, INC.



Principal Place of Business
2131 OLEANDER ST.
ST. JAMES CITY FL 33956

Mailing Address
P.O. BOX 514
ST. JAMES CITY FL 33956-0514

3. Date Incorporated or Qualified
09/15/1993

3a. Date of Last Report
04/19/1996

2. Principal Place of Business
21 3051 STRING FELLOW RD
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 514
Suite, Apt. #, etc.

4. FEI Number
65-0440008

Applied For
Not Applicable

22 City & State
23 ST. JAMES CITY
24 33956
25 LEE

27 City & State
28 ST. JAMES CITY
29 33956
30 LEE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLS, DAVID J
-2131 OLEANDER ST.
ST. JAMES CITY FL 33956

2960 Buttonwood Key

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P
NAME NICHOLS, DAVID J
STREET ADDRESS 3493 SNOWBIRDS LN
CITY-ST-ZIP ST. JAMES FL

SAME AS
BELOW

TITLE S
NAME NICHOLS, NICOLE
STREET ADDRESS 3493 SNOWBIRD LN
CITY-ST-ZIP ST. JAMES FL

SAME AS
BELOW

TITLE P
NAME NICHOLS DAVID J.
STREET ADDRESS 2960 BUTTONWOOD KEY
CITY-ST-ZIP ST. JAMES FL

TITLE SECRETARY
NAME NICHOLS NICOLE
STREET ADDRESS 2960 BUTTONWOOD KEY
CITY-ST-ZIP ST. JAMES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

SECRETARY
NICHOLS, NICOLE
2960 BUTTONWOOD KEY
ST JAMES CITY, FL 33956

april 15, 97

Date

Daytime Phone

0407961

CR2E034 (9/96)