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

Mailing Address

POST OFFICE BOX 589

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

**SIGNATURE** 

7408 BAIN DRIVE



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400041600 (5)

NICHOLS SEAFOOD RESTAURANT AND MARINA, INC.

| MILTON FL 32583            |   | BAGDAD FL 32530-0589   |  |                       |                 |                 |   |              |                          |                  |
|----------------------------|---|------------------------|--|-----------------------|-----------------|-----------------|---|--------------|--------------------------|------------------|
|                            |   |                        |  |                       |                 |                 | 3. Date Incorporated or Qualified 06/01/1994  |              | ate of Last I<br>21/1996 | •                |
| 2. Principa Pl             | ace of Business                         | 28.                    | Mailing Address                                  |                       |                 |                 | 4. FEI Number   |              | A                        | Applied For      |
| 21                         |   | 26                     |  |                       |                 |                 | 59-3249620  |              | <del></del>              | Not Applicable   |
| Suite, Apt                 | #, efc                                  |                        | Suite, Apt. #, etc.                              |                       |                 |                 | 5. Certificate of Status Desired  |              | •                        | Additional       |
| 22                         |   | 27                     | Z1' 0 fb.s.                                      |                       |                 |                 |   |              |                          | Required         |
| City & State               |   |                        | City & State                                     |                       |                 |                 | 6. Election Campaign Financing  | r            |                          | May Be           |
| <b>23</b> Zip              | Country                                 | 28                     | Zip  | T C                   | u intro         |                 | Trust Fund Contribution   |              |                          | to Fees          |
| 24 25                      |   | 29                     | ······· <del>  •······</del>                     |                       |                 |                 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |              |                          |                  |
| 24                         | 9. Name and Address of Curret           |                        | tered Agent                                      | [30]                  | Τ               |                 | 10. Name and Address of New Re  | <u> </u>     |                          |                  |
| NICI                       | IOLS, BENJAMIN M JR.                    |                        | ····································             |                       | 81              | Name            |   |              |                          |                  |
| 7408 BAIN DRIVE            |   |                        |  |                       | 00              | Chront A        | oldens (D.C. Cou Number in Not Assented   | ٠            |                          |                  |
| MILTON FL 32583            |   |                        |  | 82 Street Add         |                 |                 | ddress (P.O. Box Number is Not Acceptal   | ne)          |                          |                  |
| ******                     | .,                                      |                        |  |                       | 83              |                 |   |              |                          |                  |
|                            |   |                        |  |                       | -               |                 |   |              | Tan 1 3:                 |                  |
|                            |   |                        |  |                       | 84              | City            |   | FL           | <b>85</b> Zip            | o Code           |
| office or re<br>agent. Far |   | of Flaric<br>ations of | da Such change was<br>f, Section 607.0505, Fl    | authoriz<br>lorida St | ed by<br>atutes | the corposit    | corporation submits this statement for the poration's board of directors. I hereby acce |              |                          |                  |
| 12.                        | OFFICERS AN                             |                        |  | 11 Hegister           |                 | int signature r | ADDITIONS/CHANGES TO OFFIC  |              | DIRECTO                  | )BS IN 12        |
| TITLE                      | D                                       |                        | DELETE   |                       | THLE            | Т               | 7,00111011070707111020710 01111   | ) LIIO / WIE | Change                   |                  |
| NAME                       | NICHOLS, BENJAMIN M JR.                 |                        | <del></del>                                      |                       | NAME            |                 |   |              |                          |                  |
| STREET ADDRESS             | 2700 SEA LARK LANE                      |                        |  |                       |                 | ADDRESS         |   |              |                          |                  |
| City - S* - ZiP            | MILTON FL 32583                         |                        |  |                       | CHTY-S          |                 |   |              |                          |                  |
| TITLE                      | D                                       |                        | DELETE   |                       | TITLE           |                 |   |              | Change                   | Addition         |
| NAME                       | NICHOLS, HELEN C                        |                        |  | 2.2                   | NAME            |                 |   |              |                          |                  |
| STREET ACORESS             | 2700 SEA LARK LANE                      |                        |  | 2.3                   | STREET          | ADDRESS         |   |              |                          |                  |
| CITY - ST- ZIP             | MILTON FL 32583                         |                        |  | 2.4                   | CITY-           | ST-ZIP          |   |              |                          |                  |
| TITLE                      |   |                        | DELETE   | 31                    | THILE           |                 |   |              | Change                   | Addition         |
| NAME                       |   |                        |  | 3.2                   | NAME            |                 |   |              |                          |                  |
| STREET ADDRESS             |   |                        |  | 3 3                   | STREET          | ADDRESS         |   |              |                          |                  |
| COTY-SEZIP                 |   |                        | ·····  | 34.                   | CITY~           | S1 - ZiP        |   |              |                          |                  |
| THLE                       |   |                        | ☐ DELETE   |                       | TITLE           |                 |   |              | Change                   | Addition         |
| NAME                       |   |                        |  | 4. 2                  | NAME            |                 |   |              |                          |                  |
| STREET ADDRESS             |   |                        |  |                       |                 | ADDRESS         |   |              |                          |                  |
| CITY-ST ZIP                |   |                        | Detition   |                       | CITY - S        | T-ZIP           |   |              | Channe                   | Landition        |
| TITLE                      |   |                        | L DELETE   |                       | TITLE           |                 |   |              | L. Change                | Addition         |
| NAMI.                      |   |                        |  |                       | NAME            |                 |   |              |                          |                  |
| STREET ADDRESS             |   |                        |  |                       |                 | ADDRESS         |   |              |                          |                  |
| CHY ST-ZP                  |   |                        | DELETE   |                       | CITY - S        | ST - ZIP        |   |              | ☐ Change                 | e Addition       |
| T'TLE                      |   |                        | רון המנגונ                                       | 1                     | THILE           |                 |   |              | — ∩ muge                 | - Montali        |
| NAME<br>EXCELLASIDATES     |   |                        |  | - H                   | NAME            | 1000000         |   |              |                          |                  |
| STREET ADDRESS             |   |                        |  |                       |                 | ADDRESS         |   |              |                          |                  |
| City - St - ZiP            | ov certal that the information's nonlic | ed with th             | us filing does not nue                           |                       | CITY - S        |                 | ated in Section 119.07(3)(i), Florida Statute   | s I furthe   | er certify the           | at the           |
| Informatio                 | n indicated on this armual report or    | supplem<br>r the rec   | iental annual report is<br>eiver or trustee empo | true and<br>wered to  | d acci          | urate and       | that my signature shall have the same leg<br>eport as required by Chapter 607, Florida  | al effect a  | s if made u              | under oath; that |