

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 MAR 14 AM 9:56**

DOCUMENT # P94000045357 (8)

1. Corporation Name
NICHOLS & CARTER, P.A.

Principal Place of Business: **69 SOUTH DOGE HWY. SUITE B ST. AUGUSTINE FL 32086**
Mailing Address: **69 SOUTH DOGE HWY. SUITE B ST. AUGUSTINE FL 32086**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/13/1994**
3a. Date of Last Report:
4. FEI Number: **59-3247412**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
3. Suite, Apt. #, etc.: **22**
3a. Suite, Apt. #, etc.: **27**
4. City & State: **23**
4a. City & State: **28**
5. Zip: **24** Country: **25**
5a. Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**NICHOLS, CAROL
100-SOUTH-PARK-BOULEVARD
SUITE 407-
ST. AUGUSTINE FL 32086**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable): **69 South Dixie Hwy., Suite B**
83.
84. City: **St. Augustine** FL 85. Zip Code: **32095**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation certifies the 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: Carol L. Nichols Carol Nichols Pres. 3-9-95
Signature of Registered Agent (Signature of Registered Agent and State Seal Required) Date

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NICHOLS, CAROL L CPA
STREET ADDRESS	5165 DATIL PEPPER ROAD
CITY - ST - ZIP	ST. AUGUSTINE FL 32086
TITLE	D
NAME	CARTER, DARLA A CPA
STREET ADDRESS	3 ANDALUSIA COURT
CITY - ST - ZIP	ST. AUGUSTINE FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 personally by me as 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: Carol L. Nichols 3-9-95 904-823-9325
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR Date (Area Office)