

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000092516 (1)**

1. Corporation Name

NIGEL'S RESTAURANT DESIGN AND CONSULTING COMPANY INC.



Principal Place of Business: **209 DOWNING ST. 646 16TH STREET PANAMA CITY BEACH FL 32413**
Mailing Address: **209 DOWNING ST. 646 16TH STREET PANAMA CITY BEACH FL 32413**

3. Date Incorporated or Qualified: **01/01/1995**
3a. Date of Last Report: _____
4. FLI Number: **59-3282291** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 209 DOWNING ST**
Suite, Apt. #, etc.: _____
City & State: **23 PANAMA CITY BEACH, FL**
Zip: **24 32413** Country: **25 BAY**
2a. Mailing Address: **26 SAME**
Suite, Apt. #, etc.: _____
City & State: _____
Zip: _____ Country: _____

9. Name and Address of Current Registered Agent: **CHILVERS, NIGEL T 646 16TH STREET PANAMA CITY BEACH FL 32413**
10. Name and Address of New Registered Agent: **81 Name: _____ 82 Street Address (P.O. Box Number is Not Acceptable): 209 DOWNING ST 83 _____ 84 City: PANAMA CITY BEACH FL 85 Zip Code: 32413**

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: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PRESIDENT <input type="checkbox"/> DELETE	1. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: NIGEL T. CHILVERS	2. NAME: _____
STREET ADDRESS: 209 DOWNING ST PANAMA CITY BEACH, FL 32413	13. STREET ADDRESS: _____	CITY-STATE-ZIP: PANAMA CITY BEACH, FL 32413	14. CITY-STATE-ZIP: _____
TITLE: SECRETARY TREASURER <input type="checkbox"/> DELETE	2. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: GLEN L CHILVERS	22. NAME: _____
STREET ADDRESS: 209 DOWNING ST PANAMA CITY BEACH, FL 32413	24. STREET ADDRESS: _____	CITY-STATE-ZIP: PANAMA CITY BEACH, FL 32413	24. CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> DELETE	3. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	32. NAME: _____
STREET ADDRESS: _____	33. STREET ADDRESS: _____	CITY-STATE-ZIP: _____	34. CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> DELETE	4. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	42. NAME: _____
STREET ADDRESS: _____	43. STREET ADDRESS: _____	CITY-STATE-ZIP: _____	44. CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> DELETE	5. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	52. NAME: _____
STREET ADDRESS: _____	53. STREET ADDRESS: _____	CITY-STATE-ZIP: _____	54. CITY-STATE-ZIP: _____
TITLE: _____ <input type="checkbox"/> DELETE	6. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____	62. NAME: _____
STREET ADDRESS: _____	63. STREET ADDRESS: _____	CITY-STATE-ZIP: _____	64. CITY-STATE-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 as an attachment with an address.

SIGNATURE: **NIGEL CHILVERS** 4/15/96 904-230-1505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)