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Jan 28 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 # **P95000010381 (8)**

1. Corporation Name
NICHTER CONTRACTING CORPORATION

Principal Place of Business	Mailing Address
4525 W. ORIENT ST. TAMPA FL 33614	PO BOX 26372 TAMPA FL 33623-6372 US

3. Date Incorporated or Qualified: 02/07/1995
3a. Date of Last Report: 01/30/1996

2. Principal Place of Business — 21: 4812 COOLIDGE AVE N
2a. Mailing Address — 26: SAME AS ABOVE
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: TAMPA FL
City & State — 28:
Zip — 24: 33614
Country — 25: Hillsborough
Zip — 29:
Country — 30:

4. FEI Number: 59-3294430 ☐ 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

9. Name and Address of Current Registered Agent

SECORD, THOMAS M SR. - DECEASED
4525 W. ORIENT ST.
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: ELEANOR E SECORD
82 Street Address (P.O. Box Number is Not Acceptable): 4812 COOLIDGE AVE N
83:
84 City: TAMPA FL 85 Zip Code: 33614

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: ELEANOR E SECORD SEC/TREAS — Eleanor E Secord — 1/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	SECORD, THOMAS M SR. DECEASED		1.2 NAME	THOMAS M SECORD JR	
STREET ADDRESS	10444 ST TROPEZ PLACE		1.3 STREET ADDRESS	17675 B JAMESTOWN WAY	
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP	LUTZ FL 33549	
TITLE		☐ DELETE	2.1 TITLE	SEC/TREAS	☐ Change ☒ Addition
NAME			2.2 NAME	ELEANOR E SECORD	
STREET ADDRESS			2.3 STREET ADDRESS	10444 ST TROPEZ PL	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	TAMPA FL 33615	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: ELEANOR E SECORD — 1/22/97 — (813) 870-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #