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FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000010442 (8)

1. Corporation Name  
NICINAP CORPORATION



Principal Place of Business

1501 DECKER AVE  
UNIT 114  
STUART FL 34994

Mailing Address

1501 DECKER AVE  
UNIT 114  
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

65-0553206

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

PAULEY, JULIA A  
1501 DECKER AVE  
UNIT 114  
STUART FL 34994

10. Name and Address of New Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME PAULEY, K. D.  
STREET ADDRESS 2188 SW BRADFORD PL  
CITY-ST-ZIP PALM CITY FL 34994

1.1 TITLE ☐ Change ☐ Addition

TITLE PD ☐ DELETE

NAME PAULEY, APRIL L  
STREET ADDRESS 508 COLEMAN BRIDGE RD.  
CITY-ST-ZIP Aiken SC 29801

1.2 NAME ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME LEONE, NICHOLAS D  
STREET ADDRESS 1810 WANDERING WAY DR.  
CITY-ST-ZIP CHARLOTTE NC 08226

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME LEONE, CYNTHIA L  
STREET ADDRESS 1810 WANDERING WAY DR.  
CITY-ST-ZIP CHARLOTTE NC 08226

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

2.5 CITY-ST-ZIP

2.6 CITY-ST-ZIP

2.7 CITY-ST-ZIP

2.8 CITY-ST-ZIP

14. I 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 its 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 I am changing or adding an attaching new or an address.

SIGNATURE

CR2E034 (1097)