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Apr 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 # P95000051639 (9)

1. Corporation Name

NICHOLSON DISTRIBUTING, INC.

Principal Place of Business

4440 HOMEWOOD LANE
LAKELAND FL 33811

Mailing Address

4440 HOMEWOOD LANE
LAKELAND FL 33811-2219

3. Date Incorporated or Qualified
07/01/1995

3a. Date of Last Report
04/04/1996

4. FEI Number
59-3324546

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 Suite, Apt. #, etc.

23 City & State

24 Zip
33811-2219

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip
33811-2219

Country

9. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
5410 SOUTH FLORIDA AVENUE
SUITE 3
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name
NICHOLSON, CAROL BETH
82 Street Address (P.O. Box Number is Not Acceptable)
4440 HOMEWOOD LANE
83
84 City
LAKELAND

FL 85 33811-2219

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

Carol Beth Nicholson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
NICHOLSON, PHILLIP C
4440 HOMEWOOD LANE
LAKELAND FL 33811

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
NICHOLSON, CAROL B
4440 HOMEWOOD LANE
LAKELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or is changed, or on an attachment with an address.

SIGNATURE

Carol Beth Nicholson

APR 28 1997

941-648-2599

CR2E034 (9/96)