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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000014369 (8)

NICHOLS ENTERPRISES, INC.

FILED Apr 23 1998 8:00am Secretary of State



3-24-98

Principal Place of Business Mailing Address 5937 TENNESSEE AVE. 5937 TENNESSEE AVE. **NEW PORT RICHEY FL 34652** NEW PORT RICHEY FL 34652 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1996 2. Principal Place of Business Mailing Address 4. FEI Number Applied For 59-3360978 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NICHOLS, DANIEL S 5937 TENNESSEE AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34852** 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition 1.1 THLE Change TITLE NICHOLS, DANIEL S NAME 1.2 NAME 5937 TENNESSEE AVE. STREET ADDRESS 1.3 STREET ADORESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 THILE **NICHOLS, KATHLEEN G** NAME 2.2 NAME **59**37 TENNESSEE AVE. STREET ADDRESS 2.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 2. 4 CITY - ST - ZIP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 14. Thereby certify that the information supplied with this filling 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.