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Apr 25 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 # P96000023570 (0)

1. Corporation Name

NICHOLSONS INTERIOR DESIGN, INC.



Principal Place of Business

4124 HERRICK LN.
SARASOTA FL 34241

Mailing Address

4124 HERRICK LN.
SARASOTA FL 34241-6044

2. Principal Place of Business

21 7938 Pine Grove Ct.
Suite, Apt. #, etc.

2a. Mailing Address

26 5824 Bee Ridge Rd.
Suite, Apt. #, etc.

22 City & State

23 Sarasota, Florida

24 34238

Country

25 Sarasota

27 City & State

28 Sarasota, Florida

29 34233

Country

30 Sarasota

3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report

4. FEI Number

65-0651363

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

REINICKE, STEPHANIE A
1800 2ND ST., STE. 803
SARASOTA FL 34236

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. I, the undersigned, am authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (proprietor)

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

TITLE D
NAME NICHOLSON, MARCIA C
STREET ADDRESS 4124 HERRICK LN.
CITY-ST-ZIP SARASOTA FL 34241

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 7938 Pine Grove Ct.
1.4 CITY-ST-ZIP Sarasota, FL. 34233

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 if changed, or on an attachment with an address.

SIGNATURE:

Marcia C. Nicholson President

Date

941-927-2858

Daytime Phone #

CP2E034 (9/96)