FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000024832 (3)

NICK HUNT BUSINESS MACHINES, INC.

Principal Place of Business Mailing Address 403 MURPHY ROAD 403 MURPHY ROAD ROUTE 3 **ROUTE 3** WAUCHULA FL 33783 WAUCHULA FL 33873-8312 3. Date Incorporated or Qualified 3a. Date of Last Report 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3098 murry 9-3366 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 **Trust Fund Contribution** Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, USA. 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCGINNESS, W L 1800 SECOND STREET Street Address (P.O. Box Number is Not Acceptable) SUTIE 750 83 SARASOTA FL 34236 84 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. Lam 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 96/6) THLE 🔲 DELETË 1.1 TITLE Change Addition MCGINNES, W L NAME 1.2 NAME 1800 SECOND STREET SUITE 750 STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34236 CITY: ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-2IP 3.4. CITY-ST-ZIP ☐ DELEYE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-\$T-7IP TITLE DELETE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CHTV-ST-ZIP THE DELETE 6.1 TITLE Change Addition NAME 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 block 13 or an attachment with an address.

SIGNATURE:

STREET ADDRESS

CITY - ST - ZIP

REQUIRED

1-29-1997

941.739.4919

FILED

Feb 06 1997 8:00am

Secretary of State