SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000024832 (3)

NICK HUNT BUSINESS MACHINES, INC.

FILED Sep 09 1998 8:00am Secretary of State



| Principal Plac | e of Business | Mailing Address | • | |
|---|--------------------------------|---------------------|------------------------------|--|
| 3098 MURPHY | | 403 MURPHY ROAD | | |
| WAUCHULA FL 33873 | | ROUTE 3 | | |
| US | | WAUCHULA FL 33783 | | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified |
| | | | | 03/18/1996 |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 | | 26 3098 MURPHY Rd | | 59-3366783 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | 27 | | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 WAUCHULA | r 0 - r | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 33873 | 30 MARDE | C. Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered Agent |
| MCGINNESS, W L 81 Nar | | | | 8 |
| 1800 SECOND STREET | | | | et Address (P.O. Box Number is Not Acceptable) |
| SUTIE 750 | | | 82 Stree | st Address (1 .O. box 14011ber is 1401 Acceptable) |
| SARASOTA FL 34236 | | | 83 | |
| Or u. | 100 111 1 2 01200 | | | |
| | | | 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 agont and title if applicable (NOTE: Registered Agent alguature required when reinstating) DATE | | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | Change X Addition |
| NAME | MCGINNES, W L | | 1.2 NAME | Nich History 21 |
| STREET ADDRESS 1800 SECOND STREET SUITE 750 1.3 STR | | | 1.3 STREET ADDRESS | 3098 MIRPHY P. |
| CITY-ST-ZIP | SARASOTA FL 34236 | | 1.4 CITY-ST-ZIP | WAUCHULA F1 33873 |
| TITLE | | DELETE | 2.1 TITLE | Change Addition |
| NAME | | | 2.2 NAME | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | |
| CITY-ST-ZiP | | | 2.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 3.1 TITLE | Change Addition |
| NAME | | □ pere ie | 3.2 NAME | Change L. Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| · | | | | |
| CITY-ST-ZIP TITLE | | []ar.ese | 3.4 CITY-ST-ZIP 4.1 TITLE | |
| | | DELETE | | Change Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CłTY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 5.1 TITLE | Change Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | DELETE | 6.1 TITLE | Change Addition |
| NAME | | | 6.2 NAME | 500002635555 77 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | -03/03/380105304(/ <mark>0</mark> /1 |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZiP | ***150.00 |

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 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.

8-25-98 941729-4919

NICK HUNT

Business Machines, inc.

CASH REGISTERS . POINT OF SALE

FLA DIVISION OF CORPORATIONS PO BOX 6237 TALLAHASSEE, FLA 32314

REFERENCE 1998 ANNUAL REPORT

GENTLEMEN;

I HAVE ENCLOSED A CHECK FOR \$150.00, CHECK # 2868 FOR THIS ANNUAL REPORT EVEN THOUGH IT IS BEING FILED LATE. THE POST DEFICE CHANGED MY STREET # AND NOT ALL MAIL GETS TO ME. I DID NOT RECEIVE THE FIRST NOTICE. I CALLED YOUR OFFICE AND WAS INFORMED TO MAIL IN THE ABOVE AMOUNT. I CHANGED THE MAILING ADDRESS ON THE ENCLOSED FORM. I HAVE ALSO ENCLOSED PROOF OF THE INCORRECT ADDRESS.

THANK YOU

NICK HUNT OWNER\PRES