

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90035 004 ***150.00

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1. Corporation Name

KOEHLER-NICHOLS, INC.

Principal Place of Business

Mailing Address

204 HIBISCUS AVE
Gulf Breeze, FL 32561

204 HIBISCUS AVE
Gulf Breeze, FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

2. Principal Place of Business

2a. Mailing Address

21 70 HIGHPOINT DRIVE

26 70 HIGHPOINT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3392664

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PIERI, SHARON A
204 HIBISCUS AVENUE
Gulf Breeze, FL 32561

81 Name

PIERI, SHARON A

82 Street Address (P.O. Box Number is Not Acceptable)

70 HIGHPOINT DRIVE

83

84 City GULF BREEZE

FL

85 Zip Code 32561

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

Sharon A. Pieri

Sharon A. Pieri

President

3-5-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PIERI, SHARON A
STREET ADDRESS 204 HIBISCUS AVENUE
CITY-ST-ZIP GULF BREEZE, FL 32561

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PIERI, SHARON A
1.3 STREET ADDRESS 70 HIGHPOINT DRIVE
1.4 CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE STD ☐ DELETE
NAME PIERI, JAMES A
STREET ADDRESS 204 HIBISCUS AVENUE
CITY-ST-ZIP GULF BREEZE, FL 32561

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME PIERI, JAMES A.
2.3 STREET ADDRESS 70 HIGHPOINT DRIVE
2.4 CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon A. Pieri

Sharon A. Pieri

3-5-99

850 934-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)