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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000059538**1. Corporation Name

| J.R. NIC | CHOLS, GENERAL CONTRA | ACTOR, INC. | | A ANDRIAND NA ANGLANDA NASAN ANGKA NANGA NANGA NANGA | n Baide airid ioedh dhiad riide soei iaan |
|--|---|---|--|--|---|
| | | | | | |
| Principal Plan | ce of Business | Mailing Address | | | i õeven enna kovak onnak înnan loîd noby — |
| 3506 SYCAMO | | PO BOX 6335 | | | 3.4 |
| GULF BREEZE | | GULF BREEZE FL 32561 | | | |
| US | 4 | US | | DO NOT WRITE IN | THIS SPACE |
| | • • | | | 3. Date Incorporated or Qualifed | |
| | | | | 07/10/1996 | t 🔭 🤘 |
| 2. Principal F | Place of Business | 2a. Mailing Address | · | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3389920 | Not Applicable |
| Suite, Apt. | . #. etc. | Suite, Apt. #, etc. | · -, | | \$8.75 Additional |
| 22 | , | 27 | • | 5. Certifcate of Status Desired | Fee Required |
| City & Sta | te . | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | | |
| 24 | 25 | . 29 | 30 | This corporation owes the current ye Personal Property Tax. | Yes No |
| 24 | 9. Name and Address of Curr | | 130 | 10. Name and Address of New Regist | |
| | v. Haine and Address of Cult | The state of Agent | 81 Name | 10. Haille and Address of New Regist | ered Agent |
| NICI | HOLS. JOSEPH R JR | | The state of the s | | |
| 3500 | 6 SYCAMORE LN | 의 바퀴, 왕인 | 82 Street Add | Iress (P.O. Box Number is Not Acceptable) | |
| GUI | F BREEZE FL 32561 | | - | <u> </u> | TO A STURY OF A CONTRACT OF STREET |
| | | | 83 | | |
| | | | 84 City | 12.0 4 1 1 2 1 3 1 4 3 5 | 85 Zip Code |
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| napy Grasson | AC IN | continue and | | | |
| 11. Pursuant | t to the provisions of Sections 607.0 | 502 and 607 1508, Florida Statul | | poration submits this statement for the purpo | se of changing its registered |
| 11. Pursuant office or agent. I a | to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli | 502 and 607.1508, Florida Statute of Florida. Such change was a gations of, Section 607.0505, Florida | tes, the above-named corporati | poration submits this statement for the purpoion's board of directors. I hereby accept the | se of changing its registered appointment as registered |
| agent. I a | am familiar with, and accept the obli | 502 and 607.1508, Florida Statut te of Florida. Such change was a gations of, Section 607.0505, Flo | tes, the above-named corporati | poration submits this statement for the purpo ion's board of directors. I hereby accept the | se of changing its registered appointment as registered |
| 11. Pursuant office or agent. I a | am familiar with, and accept the obli | gations of, Section 607.0505, Flo | tes, the above-named corporati | | |
| agent. I a | am familiar with, and accept the oblights of signature, typed or printed name of registered a OFFICERS / | gations of, Section 607.0505, Flo | tes, the above-named corporate the corp | | TE . |
| 33 agent. I a | Signature, typed or printed name of registered a OFFICERS A | gations of, Section 607.0505, Flo | tes, the above-named corporation authorized by the corporation of the | ed when reinstating) DA | TE . |
| signature 12. | am familiar with, and accept the oblights of signature, typed or printed name of registered a OFFICERS / | gations of, Section 607.0505, Flor igent and title if applicable. (NOTE AND DIRECTORS | tes, the above-named corporation authorized by the corporation of the | ed when reinstating) DA | TE RS AND DIRECTORS IN 12 |
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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 accdrate 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, of on an affactorient with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90027 032 ***150.00