

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000059886

1. Entity Name
THE NICHOLLS CORPORATION OF TAMPA BAY, INC.



Principal Place of Business

13303 U.S. HWY. 19
HUDSON, FL 34667 US

Mailing Address

13303 U.S. HWY. 19
HUDSON, FL 34667 US

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3413850

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NICHOLLS, PETER J
13303 U.S. HWY. 19
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

U00000954076
07/10/08-80010-010 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME NICHOLLS, PETER J
STREET ADDRESS 1552 BIG BASS DR
CITY - ST - ZIP TARPON SPRINGS, FL 34689

TITLE S
NAME NICHOLLS, JOAN
STREET ADDRESS 1552 BIG BASS DR
CITY - ST - ZIP TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter J. Nicholls PETER J. NICHOLLS

7-7-08 727-868-6264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #