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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000065818 (2)

1. Corporation Name
NICHOLS COURIERS, INC.

Principal Place of Business
1736 OCEAN GROVE DRIVE
ATLANTIC BEACH FL 32233

Mailing Address
1736 OCEAN GROVE DRIVE
ATLANTIC BEACH FL 32233-5845



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NICHOLS, STEPHEN W
1736 OCEAN GROVE DRIVE
ATLANTIC BEACH FL 32233

81 Name

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

83

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 agent and tax, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME NICHOLS, STEPHEN W
STREET ADDRESS 1736 OCEAN GROVE DRIVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE VICE-PRESIDENT (V)
NAME BONITA I. NICHOLS
STREET ADDRESS 1736 OCEAN GROVE DRIVE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

2. TITLE PRESIDENT (P)
NAME NICHOLS, STEPHEN W.
STREET ADDRESS 1736 OCEAN GROVE DRIVE
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for 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.

SIGNATURE:

Stephen W. Nichols

STEPHEN W. NICHOLS

4/14/97 1997 700-5120

CR2E034 (9/96)