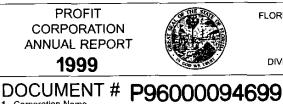
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

NICHOLS INVESTMENTS INC.



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90084 013 \*\*\*150.00



Principal Place of Business Mailing Address 9330 CHUBSIDE CIRCLE 4134 GULF OF MEXICO DR STE 302 LONGBOAT KEY FL 34228 DO NOT WRITE IN THIS SPACE SABASOTA EL 34238 3. Date Incorporated or Qualifed 11/15/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 26 4621 SWEETMEADOW 65-0708126 Not Applicable 4621 SWEETMGADOW \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 **\$5.00** May Be City & State City & State 6. Election Campaign Financing  $\Box$ LOCIDA Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name **G GORRIE** 82 Street Address (P.O. Box Number is Not Acceptable) 2822 PROCTOR RD #A SARASOTA FL 34231 83 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE NICHOLS, CLIFFORD J 1.2 NAMÉ NAME 9330 CLUBSIDE CIRCLE #3201 1.3 STREET ADDRESS STREET ADDRESS SARASTOA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change [ ] Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 armus 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 reserver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the re-Block 12 or Block 13 if changed, or on an are iddress, with all other like empowered

64 CITY-ST-ZIP

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)