

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED


0092328

98 OCT 23 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000092462 (5)**  
1. Corporation Name

**NICHOLS & EDWARDS CO., INC.**

Principal Place of Business 2025 SYLVESTER ROAD, #BB7 LAKELAND FL 33803	Mailing Address 2025 SYLVESTER ROAD, #BB7 LAKELAND FL 33803
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1997</b>	
21 Suite, Apt. #, etc.	26 P.O. Box 339	4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 City & State	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State	28 EAST PRAIRIE, MO	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 63845	30 U.S.	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

NICHOLS, FORREST JAY  
2025 SYLVESTER ROAD, #BB7  
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name	Forrest Jay Nichols
82 Street Address (P.O. Box Number is Not Acceptable)	2025 SYLVESTER Road #BB7
83	
84 City	Lakeland
85 Zip Code	FL 33803

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	NICHOLS, FOREST JAY	1.2 NAME	George Edwards
STREET ADDRESS	P.O. BOX 70 P.O. Box 339 N/A	1.3 STREET ADDRESS	201 MARGARET DR.
CITY-ST-ZIP	EAST PRARIE MO 63845	1.4 CITY-ST-ZIP	EAST PRAIRIE, MO, 63845
TITLE	D	2.1 TITLE	
NAME	EDWARDS, WILLIAM KEITH	2.2 NAME	
STREET ADDRESS	301 MARGARET DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PRARIE MO 63845	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	EDWARDS, PATRICIA J	3.2 NAME	
STREET ADDRESS	301 MARGARET DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST PRARIE MO 63845	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE:

*Signature of Forrest Jay Nichols*

9-11-98 573-6492

CR2E034 (5/98)