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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90222 023 ***150.00

DOCUMENT # P98000025646

1. Corporation Name

R. NICHOLS CONSTRUCTION INC.

Principal Place of Business	Mailing Address				
20500 COT ROAD #364 LUTZ FL 33549	20500 COT ROAD #364 LUTZ FL 33549			DO NOT WRITE IN THI	S SDACE
				3. Date Incorporated or Qualifed	J Jr AOL
				03/18/1998	
2. Principal Place of Business	2a. Mailing Address		•	4. FEI Number	Applied For
21 11634 KENT 6ROV	E DR. 26 📂			59-3499548	Not Applica
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Springhill	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip C. 30	ountry		This corporation owes the current year I Personal Property Tax.	ntangi ble ØYes □No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NICHOLS, PAULINE K		81	Name	PAULINE K. Niche	sks
20500 COT ROAD #364		82	Street Address (P.O. Box Number is Not Acceptable) 11634 Kent Your Dr		
LUTZ FL 33549		83		Spring Lie. H	
		84	City		<u> </u>
11. Pursuant to the provisions of Section	ns 607.0502 and 607.1508, Florida Statutes, the	above	e-named corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registere ointment as registered

ig its registered as registered agent. I am familiar with, and accept the obligations of Section 607.0509, Florida Statutes.

SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition ☐ DELETE 1.1 TITLE ☐ Change Pres TITLE 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE 2.1 TITLE Q_ 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 34610. 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 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 Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE

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Applied For Not Applicable

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