2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035940

Entity Name: NICHOLSON-WILLIAMS INC.

FILED Jan 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4348 SOUTHPOINT BLVD. STE 100 JACKSONVILLE, FL 32216

New Mailing Address: Current Mailing Address:

4348 SOUTHPOINT BLVD. STE 100 JACKSONVILLE, FL 32216

FEI Number: 59-3571542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NICHOLSON, WILLARD-BARLOW JR NICHOLSON, WILLARD B JR 4348 SOUTHPOINT BLVD. 4348 SOUTHPOINT BLVD. STE 100 STE 100 JACKSONVILLE, FL 32216 US JACKSONVILLE, FL 32216 US

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.

SIGNATURE: W. B. NICHOLSON, JR. 01/27/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition NICHOLSON, WILLARD B NICHOLSON, WILLARD B JR Name: Name: 10 TENTH STREET, #54 10 TENTH STREET, #54 Address: Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VSD (X) Change () Addition Title: STD () Delete Name: WILLIAMS, WALTER L JR Name: NICHOLSON, WILLARD B III 1020 FRUIT COVE ROAD 8 SAN JUAN CIRCLE Address: Address: JACKSONVILLE, FL 32259 PONTE VEDRA BEACH, FL 32082 City-St-Zip: City-St-Zip:

Title: () Change (X) Addition Title: () Delete TD Name: BUSH, KELLY T Name: 1016 NORTH 8TH STREET Address: Address:

City-St-Zip: City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. B. NICHOLSON, JR. PD 01/27/2009