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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # S01731 (6)

HERB NICHOLS INSURANCE AND INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address				
4343 RIDGEWO	OOD AVE.	4343 RIDGEWOOD AVE				
SUITE A SUITE A			DO MOT WORK IN THE	0.001.05		
	PORT ORANGE FL 32127 PORT ORANGE FL 32127			DO NOT WRITE IN THI	S SPACE	
UŞ		US		3. Date Incorporated or Qualified		
				09/04/1990		
2. Principal Eli	ace of Business & CARANDAA DR	2a. Mailing Address GRA	anada C	4. FEI Number	Applied For	
21 773		1571 W	HUMUA I	59-3038753	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City B Cross		27			Fee Required	
City & Stay	Day town FL	28 So Dayton	1A FI	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
_ Z16221	County	- 747 119 L	Couplry	8. This corporation owes or has paid the c	current year Intangible	
24 2011	25 (1014)	29 0 0 11 30	VOIU	Personal Property Tax due Juné 30.	Yes No	
	g. Name and Address of Current	Registered Agent	81 Name	 Name and Address of New Registers 	d Agent	
NICHOLS, HERBERT L. 81						
1221 AVIENDA DEL TORO			82 Street A	82 Streel Address (P.O. Box Number is Not Acceptable)		
DAYTONA BEACH FL 32119						
			83			
			84 City		lag Zip Carlo	
				F		
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 a cept the objigations of Society of Society (1997).						
ornice or registered agent, or noth, to the state of Frontal Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Spalion 207.0505, Florida Statutes.						
SIGNATURE Health of the State						
Signature types for pre-fore came of order terror appropriate in a parable (NCTE: Registered Agent aignature required when reinstating) DATE On the content of the conten						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TITLE		∠ Change	
NAME	NICHOLS, HERBERT L.		1.2 NAME	11/500 10		
STREET ADDRESS	1221 AVIENDA DEL TORO		1.3 STREET ADDRESS	1920 Clareda Day		
CITY-ST-ZIP	DAYTONA BCH FL		1.4 CITY - \$1 - ZIP	So DayTong For	32/17	
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	NICHOLS, DORIS E.		2.2 NAME	~ 1. 0-		
STREET ADDRESS	1221 AVIENDA DEL TORO	I	2.3 STREET ADDRESS	2458 Chandle to	•	
CITY-ST-ZIP	DAYTONA BCH FL		2 4 CITY-ST-ZIP	2458 Chanda Dr. 50 DayTona fla 2458 Chanada Da 50 Paytona va	32117	
TITLE		DELETE	3 1 THILE	7	Change Addition	
NAME			3.2 NAME			
STREET ADDRESS		1	3.3 STREET ADDRESS			
CITY-ST-ZIP		1	3.4. CITY - ST-ZIP			
TITLE			4.1 TITLE		Change Addition	
NAME		J	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE			5.1 TITLE		Change Addition	
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
		I '				
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition	
					The Change The Page (1911)	
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			

6.4 CITY-ST-7IP 14. Thereby 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.

FILED

May 15 1998 8:00am

Secretary of State