FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S41245 (9)

1. Corporation Name
NILSSON-COLE, INC.

Principal Place of Business	Mailing Address
8907 EASTMAN DR. TAMPA FL 33626	8907 EASTMAN DR. TAMPA FL 33626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1991
3a. Date of Last Report: 05/19/1994

2. Principal Place of Business	2a. Mailing Address
21 7930 BayPoint Dr	26 7930 BayPoint Dr
Suite, Apt. #, etc. 22 B-42	Suite, Apt. #, etc. 27 B-42
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip 24 33615 Country 25	Zip 29 33615 Country 30

4. FEI Number: 59-3060401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COLE, EVERETT, II
8907 EASTMAN DR
TAMPA FL 33626

10. Name and Address of New Registered Agent

81 Name: Cole, Everett II
82 Street Address (P.O. Box Number is Not Acceptable): 7930 BayPoint Dr B-42
83
84 City: Tampa FL 85 Zip Code: 33615

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 _____ DATE
Signature required from printed name of registered agent and the officer listed. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☐ Change ☐ Addition
NAME	COLE, EVERETT, II	12 NAME	Cole, Everett II	
STREET ADDRESS	8907 EASTMAN DR	13 STREET ADDRESS	7930 BayPoint Dr B-42	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	Tampa FL 33615	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Everett Cole II 5/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003915 CP