

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000067731 (5)

1. Corporation Name

NOLIA INVESTMENTS, INC.

Principal Place of Business

3174 TAMiami TRAIL EAST  
SUITE 1  
NAPLES FL 33962

Mailing Address

3174 TAMiami TRAIL EAST  
SUITE 1  
NAPLES FL 33962

FILED

98 JUN -5 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



500002548325-1

3. Date Incorporated or Qualified  
08/08/1996 \*\*\*1050.00 \*\*\*\*150.00

4. FEI Number  
65-0686597

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 9955 Tamiami Trail North

Suite, Apt. #, etc.

22 Suite 3

City & State  
Naples, FL

23 Zip  
34108

Country  
USA

2a. Mailing Address

26 9955 Tamiami Trail North

Suite, Apt. #, etc.

27 Suite 3

City & State  
Naples, FL

28 Zip  
34108

Country  
USA

9. Name and Address of Current Registered Agent

RIDDLE, MELINDA P  
3174 EAS ATAMIAMI TRAIL  
UNIT 1  
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name RIDDLE, MELINDA P.

82 Street Address (P.O. Box Number is Not Acceptable)

9955 Tamiami Trail North

83 Suite 3

84 City  
Naples

FL

85 Zip Code  
34108

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

TITLE D  
NAME RIDDLE, MELINDA P  
STREET ADDRESS 3174 E. TAMiami TRAIL, SUITE 1  
CITY-ST-ZIP NAPLES FL 33962

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/VP/T  
1.2 NAME RIDDLE, MELINDA P.  
1.3 STREET ADDRESS 9955 Tamiami Trail North, Suite 3  
1.4 CITY-ST-ZIP Naples, FL 34108

2.1 TITLE P/S  
2.2 NAME ALAIMO, JOSEPHINE  
2.3 STREET ADDRESS 9955 Tamiami Trail North, Suite 3  
2.4 CITY-ST-ZIP Naples, FL 34108

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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. Josephine Alaimo, President

SIGNATURE

Josephine Alaimo President 4-30-98

CR2E034 (10/97)