

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

FILED  
Jul 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S48945 (7)  
1. Corporation Name  
NOPEC COPORATION

Principal Place of Business: 1248 GEORGE JENKINS BLVD, LAKELAND FL 33806  
Mailing Address: P.O. DRAWER 2888, LAKELAND FL 33806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-28) fields.

3. Date Incorporated or Qualified: 04/24/1991  
4. FEI Number: 59-3060453  
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

9. Name and Address of Current Registered Agent: REHBERG, KARL H., 1220 GEORGE JENKINS BLVD., LAKELAND, FL 33806

10. Name and Address of New Registered Agent: RICHARD M. POWERS, 6003 IRBY LANE W., LAKELAND, FL 33811

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: Richard M. Powers (Signature) 6-12-98 (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REHBERG, KARL H.	
STREET ADDRESS	5824 BUCK RUN DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REHBERG, HELEN	
STREET ADDRESS	5824 BUCK RUN DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert A. Ghiotto	
1.3 STREET ADDRESS	519 Meadow View Road	
1.4 CITY-ST-ZIP	Hiwassee, GA 30546	
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard M. Powers	
2.3 STREET ADDRESS	6003 Irby Lane W	
2.4 CITY-ST-ZIP	Lakeland, FL 33811	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	W. Thomas Rinehart	
3.3 STREET ADDRESS	700 Freeling DR	
3.4 CITY-ST-ZIP	Sarasota, FL 34242	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, on an attachment with an address.

CR2E034 (10/97)