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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **117057** **(0)**

1. Corporation Name
CLAUDE NOLAN INC.

Principal Place of Business
4250 LAKESIDE
#208
JACKSONVILLE FL 32210
US

Mailing Address
P O BOX 22
ORTEGA STATION
JACKSONVILLE FL 32210-0022
US

3. Date Incorporated or Qualified: **04/23/1928**
3a. Date of Last Report: **03/22/1996**
4. FEI Number: **59-0378220** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
HELMICK JR,JOHN P
4250 LAKESIDE DR #208
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name, of Registered Agent and Title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HELMICK, JOHN P, JR		1.2 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	V/AS/D	☒ Change ☐ Addition
NAME	BROWN, BARRET		2.2 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	PTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, LILA BYRD		3.2 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP		
TITLE	AS	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HELMICK, EMILY S		4.2 NAME		
STREET ADDRESS	4250 LAKESIDE DR #208		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	AV	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	HELMIC, MARC A		5.2 NAME	Helmick, Marc A.	
STREET ADDRESS	4250 LAKESIDE DRIVE #208		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	AV	☐ DELETE	6.1 TITLE	AV/S	☒ Change ☐ Addition
NAME	HELMICK, CLAUDETTE B		6.2 NAME		
STREET ADDRESS	4250 LAKESIDE DRIVE #208		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _____ 4/16/97 904-388-2350