FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **254153** **(0)**

1. Corporation Name

NOBLIT INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
701 E. TARPON AVENUE TARPON SPRINGS FL 34689	701 E. TARPON AVENUE TARPON SPRINGS FL 34689

2. Principal Place of Business	2a. Mailing Address
31 Street Address: 6709 Ridge Rd	26 Street Address: % Granville E Noblit IV
32 Suite, Apt. #, etc.: Ste 106	27 Suite, Apt. #, etc.: 3369 Laurelwood Ct
33 City & State: Port Richey, FL	28 City & State: Tarpon Springs, FL
34 Zip: 34688 — 35 Country: Pasco	29 Zip: 34689 — 30 Country: Pinellas

3. Date Incorporated or Qualified: **12/18/1961**

3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-0969541** ☐ 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

NOBLIT, GRANVILLE E., IV
701 E TARPON AVE
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name: Granville E Noblit IV
82 Street Address (P.O. Box Number is Not Acceptable): x 3369 Laurelwood Ct
83
84 City: Tarpon Springs **FL** 85 Zip Code: 34689

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: _____ Vice President 4-5-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required for online filing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	NOBLIT, GRANVILLE III	
STREET ADDRESS	1650 EASTLAKE DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VD	☐ DELETE
NAME	NOBLIT, GRANVILLE E IV	
STREET ADDRESS	1478 RIDGE TOP DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	☐ DELETE
NAME	HAURAND, RUTH A.	
STREET ADDRESS	9220 ORTON PL	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	☐ DELETE
NAME	PAGANO, MICHAEL A.	
STREET ADDRESS	6312 LIMERICK AVENUE.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	STD	☐ DELETE
NAME	MICHAU, MARY J	
STREET ADDRESS	432 WHITCOMB BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	3369 Laurelwood Ct	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: G.E. Noblit IV (Vice President) 4-5-96 (813) 289-5818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #