SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **265306** **(1)**

1. Corporation Name
NOBOCO, INC.

Principal Place of Business	Mailing Address
P.O. BOX 3396 DELAND FL 32723 US	P. O. BOX 3396 DELAND FL 32723 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified 12/14/1962	3a. Date of Last Report 04/28/1995
4. FEI Number 59-0994027	☐ 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

HARLAND, THOMAS C
720 FOREST PK DR
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name: THOMAS C. HARLAND
82 Street Address (P.O. Box Number is Not Acceptable): 742 S. HILL AVE
83:
84 City: DELAND FL 85: 32724

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	11 TITLE	P ☒ Change ☐ Addition
NAME	HARLAND, THOMAS C		12 NAME	
STREET ADDRESS	720 FOREST PK DR		13 STREET ADDRESS	742 S HILL AVE
CITY-ST-ZIP	DELAND FL		14 CITY-ST-ZIP	DELAND FL 32724
TITLE	D	☐ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	HARLAND, THOMAS C		22 NAME	
STREET ADDRESS	720 FOREST PK DR		23 STREET ADDRESS	742 S HILL AVE.
CITY-ST-ZIP	DELAND FL		24 CITY-ST-ZIP	DELAND FL 32724
TITLE	S	☐ DELETE	31 TITLE	S ☒ Change ☐ Addition
NAME	HARLAND, JEANNE L		32 NAME	
STREET ADDRESS	720 FOREST PARK DRIVE		33 STREET ADDRESS	742 S. HILL AVE
CITY-ST-ZIP	DELAND FL		34 CITY-ST-ZIP	DELAND FL 32724
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas C. Harland THOMAS C. HARLAND 8/5/96 904-734-7516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #