

FILED  
Apr 09 1998 8:00am  
Secretary of State

**DOCUMENT # 497710 (4)**  
1. Corporation Name  
**NOBLES FARMS, INC.**

| Principal Place of Business          | Mailing Address                      |
|--------------------------------------|--------------------------------------|
| P.O. DRAWER 2310<br>LABELLE FL 33835 | P.O. DRAWER 2310<br>LABELLE FL 33835 |

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

|  |                          |
|--|--------------------------|
| 9. Name and Address of Current Registered Agent                                    |                          |
| <b>NOBLES JR., LEWIS J.</b><br><b>450 S MAIN STREET</b><br><b>LABELLE FL 33935</b> | <b>81</b> Name           |
|  | <b>82</b> Street Address |
|  | <b>83</b>                |
|  | <b>84</b> City           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporate officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporate 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)

| 12.            |                      | OFFICERS AND DIRECTORS          |  | 13.                |  |
|----------------|----------------------|---------------------------------|--|--------------------|--|
| TITLE          | PD                   | <input type="checkbox"/> DELETE |  | 1.1 TITLE          |  |
| NAME           | NOBLES JR.,LEWIS J.  |                                 |  | 1.2 NAME           |  |
| STREET ADDRESS | 212 JEROME ST.       |                                 |  | 1.3 STREET ADDRESS |  |
| CITY-ST-ZIP    | IMMOKALEE FL         |                                 |  | 1.4 CITY-ST-ZIP    |  |
| TITLE          | S                    | <input type="checkbox"/> DELETE |  | 2.1 TITLE          |  |
| NAME           | NOBLES,GERALDINE B.  |                                 |  | 2.2 NAME           |  |
| STREET ADDRESS | 620 FT.THOMPSON AVE. |                                 |  | 2.3 STREET ADDRESS |  |
| CITY-ST-ZIP    | LABELLE FL           |                                 |  | 2.4 CITY-ST-ZIP    |  |
| TITLE          | V                    | <input type="checkbox"/> DELETE |  | 3.1 TITLE          |  |
| NAME           | NOBLES III.,L.J.     |                                 |  | 3.2 NAME           |  |
| STREET ADDRESS | FT. THOMPSON AVE.    |                                 |  | 3.3 STREET ADDRESS |  |
| CITY-ST-ZIP    | LABELLE FL           |                                 |  | 3.4 CITY-ST-ZIP    |  |
| TITLE          |                      | <input type="checkbox"/> DELETE |  | 4.1 TITLE          |  |
| NAME           |                      |                                 |  | 4.2 NAME           |  |
| STREET ADDRESS |                      |                                 |  | 4.3 STREET ADDRESS |  |
| CITY-ST-ZIP    |                      |                                 |  | 4.4 CITY-ST-ZIP    |  |
| TITLE          |                      | <input type="checkbox"/> DELETE |  | 5.1 TITLE          |  |
| NAME           |                      |                                 |  | 5.2 NAME           |  |
| STREET ADDRESS |                      |                                 |  | 5.3 STREET ADDRESS |  |
| CITY-ST-ZIP    |                      |                                 |  | 5.4 CITY-ST-ZIP    |  |
| TITLE          |                      | <input type="checkbox"/> DELETE |  | 6.1 TITLE          |  |
| NAME           |                      |                                 |  | 6.2 NAME           |  |
| STREET ADDRESS |                      |                                 |  | 6.3 STREET ADDRESS |  |
| CITY-ST-ZIP    |                      |                                 |  | 6.4 CITY-ST-ZIP    |  |

|   |  |                                       |                             |
|---|--|---------------------------------------|-----------------------------|
| 3. Date Incorporated or Qualified   |  | 02/27/1976                            |                             |
| 4. FEI Number   |  | Applied For                           |                             |
| 59-1797340  |  | Not Applicable                        |                             |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b> |                             |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                     |  | <b>\$5.00 May Be Added to Fees</b>    |                             |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  | <input type="checkbox"/> Yes          | <input type="checkbox"/> No |

10. Name and Address of New Registered Agent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (P.O. Box Number is Not Acceptable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FL 85 Zip Code

\_\_\_\_\_, Secretary of the Corporation, hereby certifies that the foregoing is a true and correct copy of the resolution of the board of directors of the Corporation as the same appears in the minutes of the meeting of the board of directors of the Corporation held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

DATE \_\_\_\_\_

[illegible]

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.

SIGNATURE: Timothy R. Noble 3/21/98 941-675-6699

CR2E034 (10/97)