FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 27 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 520658 (6)

1. Corporation Name
NOPAR, INC.

Principal Place of Business	Mailing Address
10293 CLASSIC OAKS DR. N. JACKSONVILLE FL 32225	P. O. BOX 6506 JACKSONVILLE FL 32239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1976
3a. Date of Last Report: 07/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: PO Box 17447

4. FEI Number: 59-1875036 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28: Jacksonville, FL

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 / Country — 25
Zip — 29: 32245 / Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WOODHAM, PAUL C
6474 POTTSBURG DR.
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: Paula F. Woodham
82 Street Address (P.O. Box Number is Not Acceptable): 10293 Classic Oak Rd. N.
83
84 City: Jacksonville FL 85 Zip Code: 32225

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: Paula F Woodham — President/Director — 1/15/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☑ Addition
NAME	WOODHAM, PAULA F	12 NAME	WOODHAM, PAULA F.	
STREET ADDRESS	10293 CLASSIC OAKS DR. N.	13 STREET ADDRESS	10293 CLASSIC OAK RD. N.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY ST ZIP	JACKSONVILLE, FL 32225	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	WOODHAM, PAUL C	22 NAME		
STREET ADDRESS	6474 POTTSBURG DR.	23 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32211	24 CITY ST ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	WOODHAM, FOYE L	32 NAME		
STREET ADDRESS	6474 POTTSBURG DR.	33 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL 32211	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 this 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 changed or on an attachment with an address.

SIGNATURE: Paula F Woodham — PAULA F. WOODHAM — 1/15/95 — (904) 642-7447
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406920 FP