SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Jul 16 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)N.V.C., INC. Principal Place of Business Mailing Address Earl Hodges 2140 COACH HOUSE LA 2140 Coach House Ln. NAPLES FL 40942 3 4/10 3 Naples, FL 34105 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/17/1977</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 59-1784266 Suite, Apt. #, etc. Sulte, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. 30 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HODGES, EARL G. 2140 COACH HOUSE LANE 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 39942 -3 4/05 83 84 City Zip Code 85 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition NAME HODGES, EARL G. 2140 COACH HOUSE LANE STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34//025 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE ___ DELETE ___ Change Addition NAME TH**BL**MA HODGES 2.2 NAME 2140 COACH HOUSE LA 2.3 STREET ADDRESS STREET ADDRESS 34105 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE __ DELETE ____ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE ___ Change ___ Addition NAME 6.2 NAME

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in Block 12 or Block 13 if changed, or on an attachment with an address.

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

6.3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP