

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

55 MAY -1 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **691669** (6)

1. Corporation Name  
**NOEL GROVES, INC.**

Principal Place of Business Mailing Address  
**1300 HARTMAN RD. 1300 HARTMAN RD.**  
**FT PIERCE FL 34947 FT PIERCE FL 34947**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/17/1981** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2402909		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>NOELKE, DENNIS J 1300 HARTMAN RD FT PIERCE FL 34947</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIRD, KATHRYN N</b>	1.2 NAME	
STREET ADDRESS	<b>2491 OVERLOOK WAY NE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOELKE, JOSEPH H</b>	2.2 NAME	
STREET ADDRESS	<b>1300 HARTMAN RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT PIERCE, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOELKE, DENNIS J</b>	3.2 NAME	
STREET ADDRESS	<b>1650 BELL AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT PIERCE FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECHT, BEVERLY N.</b>	4.2 NAME	
STREET ADDRESS	<b>4485 LAKE IVANKHOE DR.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TUCKER GA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOELKE, CHARLES J</b>	5.2 NAME	
STREET ADDRESS	<b>2307 RUTHWYNN DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WILMINGTON DE</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOELKE, JOSEPH H JR.</b>	6.2 NAME	
STREET ADDRESS	<b>2504 GRAY TWIG LANE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT PIERCE FL</b>	6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dennis J. Noelke* President 26 Apr 95 (407) 461-2560  
DENNIS J. NOELKE