

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 691669 (6)**  
1. Corporation Name  
**NOEL GROVES, INC.**



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

3. Date Incorporated or Qualified: **06/17/1981**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2402909**  
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

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

9. Name and Address of Current Registered Agent: **NOELKE, DENNIS J 1300 HARTMAN RD FT PIERCE FL 34947**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>TD</b> <input type="checkbox"/> DELETE | 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> <input type="checkbox"/> DELETE  | 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> <input type="checkbox"/> DELETE  | 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> <input type="checkbox"/> DELETE | 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 IVANHOE DR.</b>              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>TUCKER GA</b>                          | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE  | 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> <input type="checkbox"/> DELETE  | 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 **17 Apr 96** (407) 461-2560  
Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (12/95)