FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT 19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 810893

(8)

FILED May 12 1998 8:00am Secretary of State

NOLAN	D COMPANY							
Principal Place of Business Mailing Address								il a k a ki ibbi
ATTN TAX ADMINISTRATOR ATTN TAX ADMINISTRATOF 2700 WARWICK BLVD 2700 WARWICK BLVD NEWPORT NEWS VA 23607 NEWPORT NEWS VA 23607						DO NOT WRITE IN THI	S SPACE	
-						3. Date incorporated or Qualified 03/22/1956		
1	lace of Business	2a. Mailing Address				4. FEI Number 54-0320170		pplied For ot Applicable
25 Suite, Apt. W, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22		27						equired
City & State	0	City & State				Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the o		
24	25 9. Name and Address of Currer	29	30			Personal Property Tax due June 30. 10. Name and Address of New Registere		_ No
CT	CORPORATION SYSTEM	it negistored Agent		81	Name	10, Hallo and Addison of Hon Hogiston	<u> </u>	
1200 S. PINE ISLAND ROAD				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ANTATION FL 33324				- Silver Adi	yreas (i.e. box Halliber to Net recompliancy		
				83				
				84	City	F	85 Zip	Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Socilions 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	i2 and 607, 1508, Florida Statut of Florida Such change was ations of, Section 607,0505, Fl	tes, the at authorized orida Stat	pove d by ates	-named cor the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing i ppointment as	its registered registered
	Signature, typed or printed name of registered ag-			d Ager	nt signature req	uired when reinstating) DATE		20 11 40
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	ALLEN, THOMAS N	1.2 h		1.2 NAME			_ ,	
STREET ADDRESS	1420 EAST COMMERCE ROA	/D	1.3 \$1	REET	ADDRESS			
CITY-ST-ZIP	RICHMOND VA			TY-ST	- ZIP			
TITLE	1S SYKES, J E JR			21 THLE			Change	Addition
NAME Street address	P.O. BOX 1892 N/A	A DOV 4000 AUA		2 2 NAME 2 3 STREET ADDRESS				
CITY-ST-ZIP	NEWPORT NEWS VA			2 4 CITY-ST-ZIP				
TITLE	PCO	DELETE 3		3 1 TITLE			Change	☐ Addition
NAME	NOLAND, LLOYD U III	3.21						
STREET ADDRESS	3 MERRY CIRCLE NEWPORT NEWS VA				ADDRESS			
CITY-ST-ZIP	D D			ITY-S TLE	T-ZIP		Change	Addition
NAME	MCELROY, J.L., JR.		4. 2 NAM					_
STREET ADDRESS	13 RIVER ROAD		4.3 ST	TREET.	ADDRESS			
CITY-ST-ZIP	RICHMOND VA		_	1Y-S1	I - ZIP			To Address
TITLE	GOOLSBY, A.C., III	DELETE	5.171				Change	Addition
NAME PROFES APPRICE	9 STONEHURST GREEN		5.2 N		ADDRESS			İ
STREET ADDRESS CITY-ST-ZIP	RICHMOND VA		E	inee i ITY - SI				
TITLE	₹VD			TLE			Change	Addition
NAME	HENDERSON, A P		6.2 N	AME				
STREET ADDRESS	13 FLAX MILL ROAD		6.3 \$	TREET	ADDRESS			
CITY-ST-ZIP	NEWPORT NEWS VA		6.4 C	ITY-S	- ZIP			

14. 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 chapter 607, and attaching the with an address.