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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 85775

(3)

FILED Jan 15 1998 8:00am Secretary of State

noda, inc.				
Principal Place of Business	Mailing Address			INIC BEBUT BIBIT BEWES MINTE (NUT)
9525 HWY. 98 WEST	9525 HWY. 98 WEST			
DESTN FL 32541 US	DESTIN FL 32541 US		DO NOT WRITE IN TH	IS SPACE
us	63		3. Date Incorporated or Qualified	
			09/15/1983	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		63-0815950	Not Applicable
Suite, Apt. #. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the	
24 25		30	Personal Property Tax due June 30.	∐ Yes ∐ No
9. Name and Address of Curr	ent Registered Agent	ad N	10. Name and Address of New Registere	d Agent
HOGG, HAMPTON		81 Name		
9525 HWY 98 WEST		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
5552 HWY 98 E, SUITE 2				
DESTIN FL 32541		83		
		84 City		85 Zip Code
			F	L
Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the Sta agent. I am familiar with, and accept the obline.	502 and 607.1508, Florida Statute ite of Florida. Such change was a	es, the above-named corp authorized by the corporat	lon's board of directors. I hereby accept the a	ppointment as registered
agent. I am familiar with, and accept the obl	igations of, Section 607.0505, Fig	orida Statutes.	• •	
SIGNATURE				
Signature, typed or printed name of registered	agent and title if applicable. (NOTE ND DIRECTORS	. Registered Agent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12. OFFICERS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
LIGOO HAMPTON		1.2 NAME		
DOUTE 4		1.3 STREET ADDRESS		
MENT DOCOMENTAL		3 1		
CITY-ST-ZIP NEW BROCKTON AL	DELETE	1.4 CITY - ST - ZIP		Change Addition
NAME .		2.2 NAME		
NAME		2.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP TITLE	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
		3.3 STREET ADDRESS		
STREET ADDRESS		3.4. City-ST-ZIP		
CITY-SI-ZIP	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		= •
		4.3 STREET ADDRESS		
STREET ADDRESS		4.4 City-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	5.1 TITLE	- ***	Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		= · • = ·····
		6.3 STREET ADDRESS		
STREET ADDRESS		6.4 CITY-ST-ZIP		
City-ST-ZIP 14. I hereby certify that the information supplied	with this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. I hereby certify that the information supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that I am an 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 outly 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:

LIGHT HAMPION H. HOGG

1/5/98

850 654-5799