FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAR -2 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F42324** **(6)**

1. Corporation Name
NOBLES, DECKER, LENKER & CARDOSO, C.P.A'S, P.A.

Principal Place of Business	Mailing Address
324 S HYDE PARK AVE #230 P.O. BOX 18365 (ZIP 33679) TAMPA FL 33606	324 S HYDE PARK AVE #230 P.O. BOX 18365 (ZIP 33679) TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1981
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2134358 ☐ 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

9. Name and Address of Current Registered Agent

NOBLES, EDGAR D
4412 SAN CARLOS
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2315 S. OCCIDENT ST
83
84 City: TAMPA FL 85 Zip Code: 33629

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE		☒ Change ☐ Addition
NAME	DECKER,,JAMES R.	1.2 NAME		
STREET ADDRESS	14002 DOMINION COURT	1.3 STREET ADDRESS	15127 CONROY PLACE	
CITY-ST-ZIP	TAMPA, FL 0	1.4 CITY-ST-ZIP	TAMPA, FL 33618	
TITLE	SD	2.1 TITLE		☒ Change ☐ Addition
NAME	LENKER, MARK N., JR.	2.2 NAME		
STREET ADDRESS	410 PINEHURST	2.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	33617	
TITLE	PD	3.1 TITLE		☒ Change ☐ Addition
NAME	NOBLES, EDGAR D	3.2 NAME		
STREET ADDRESS	4412 SAN CARLOS	3.3 STREET ADDRESS	2315 S. OCCIDENT ST.	
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	VD	4.1 TITLE		☒ Change ☐ Addition
NAME	CARDOSO, OSCAR M.	4.2 NAME		
STREET ADDRESS	3902 W. CLEVELAND ST.	4.3 STREET ADDRESS	326 FERN CLIFF AVE.	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Edgar D. Noble 2-26-95 (813) 251-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EDGAR D. NOBLES PRESIDENT

0291660 CP