

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

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G13136 (8)

1. Corporation Name
STAN NOYES, INC.



Principal Place of Business 2800 E SILVER SPRINGS BLVD STE 206 Ocala FL 34470 US	Mailing Address 2800 E SILVER SPRINGS BLVD 206 Ocala FL 34470-7057 US
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3. Date Incorporated or Qualified 12/14/1982	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2288565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

NOYES, STANLEY B.
2800 E SILVER SPR BLVD
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
Noyes, Darla S.

82 Street Address (P.O. Box Number is Not Acceptable)
2800 E. SILVER SPRS. BLVD.

83
Ste. 206

84 City
OCALA

85 Zip Code
FL 34470

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: *Darla S. Noyes* **DARLA S. NOYES** DATE: **4-14-97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	NOYES, STANLEY B.	
STREET ADDRESS	4790 S.E. 33RD AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE	STD	<input type="checkbox"/>
NAME	NOYES, DARLA S.	
STREET ADDRESS	4790 S.E. 33RD AVENUE	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PRES. VP SIT D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	(SAME) DARLA S. NOYES		
2.3 STREET ADDRESS	4790 SE 33 AVU		
2.4 CITY-ST-ZIP	OCALA FL 34480		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: *Darla S. Noyes* **DARLA S. NOYES** DATE: **4-14-97** (352) **732-8277**

CR2E034 (9/96)