


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	
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	
2. Principal Place of Business 21 SAME		2a. Mailing Address 26 SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		29	
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 FL 85 Zip Code: 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 <small>Signature typed or printed name of registered agent and date applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input checked="" type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: NOYES, STANLEY B.		1.2 NAME	
STREET ADDRESS: 4790 S.E. 33RD AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP: OCALA FL		1.4 CITY-ST-ZIP	
TITLE: STD <input type="checkbox"/> DELETE		2.1 TITLE PRES. VP SIT D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: NOYES, DARLA S.		2.2 NAME (SAME) DARLA S. NOYES	
STREET ADDRESS: 4790 S.E. 33RD AVENUE		2.3 STREET ADDRESS 4790 SE 33 AVE	
CITY-ST-ZIP: OCALA FL		2.4 CITY-ST-ZIP OCALA FL 34470	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 <small>Signature and typed or printed name of signing officer or director</small>			



CR2E034 (9/96)