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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

3. Date Incorporated or Qualified: 12/14/1982
3a. Date of Last Report: 04/29/1996
4. FEI Number: 59-2288565
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

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

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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOYES, DARLA S.	2.2 NAME
STREET ADDRESS	4790 S.E. 33RD AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP
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

PRE. VP SIT D Change Addition
(SAME) DARLA S. NOYES
4790 SE 33 AVU
OCALA FL 34480

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)