## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # G15797

(5)

NOBLES, VARNUM & ASSOCIATES, INC.

Principal Place of Business

Mailing Address



3559 TIMBERLANE SCHOOL RD. TALLAHASSEE FL 32312		3559 TIMBERLANE SCHOOL RD. TALLAHASSEE FL 32312							
						3. Date Incorporated or Qualified 12/29/1982	3a. Date	of Last F 03/17/	
2. Principal Place	e of Business	2a. Mailing A	\daress			4. FEI Number			Applied For
म		26		_		59-2241856			Not Applicable
Suite, Apt. #,	etc.	Suite, Ar	ot #, etc.			5. Certificate of Status Desired	×	Fee	5 Additional Required
City & State		City 8 St	late			Election Campaign Financing     Trust Fund Contribution		Adde	00 May Be ed to Fees
Zip	Country 25	Z(f)				<ol> <li>This corporation has liability for intangible tax under s 199.032, Florida Statutes</li> <li>Yes ☐ No</li> </ol>			
	9. Name and Address of Curre	nt Registered Ag	ent			10. Name and Address of New	Registered .	Agent	
				8	1 Name				
	S, ALLEN K MBERLANE SCHOOL RD			8	2 Street Ad	ldress (P.O. Box Number is Not Accepta	ible)		
	ASSEE FL 32312			8	3				
				8	4 City		FI	85 2	Zip Code
or registered familiar with	diagent, or both, in the State of Flo and accept the obligations of Sec grature, typod or printed have of registered ag-	nda Such change etion 607.0505, Flo	was autnonz irida Statutes	ea by trie co s.	rporanoi i s bo	poration submits this statement for the poard of directors. I hereby accept the ap	DATE		
12.		NO DIRECTORS		13.		ADDITIONS/CHANGES TO OF			
TITLE	PD		DELETE	1 1 1111	.F		[	Change	Addition
NAME	NOBLES, ALLEN K.			1.2 NAM	IE .				
STREET ADORESS	2799 A.J. HENRY PARK	ORIVE		135FH	ET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY	- S1 - 2)P				
TITLE	VS		DELETÉ	2 1 111	.E		Į	☐ Change	e 🔲 Add-tion
NAME	VARNUM, ELLIOTT W.			2.2 NAS	16				
STREET ADDRESS	4575 MILLWOOD LN			2 3 STR	EET ADDRESS				
CITY-ST-2IP	TALLAHASSEE FL			2.4 CITY	( - S³ - 7iP				
TITLÉ	T		] DELETE	3 1 TIT	.F	- 1 Th. D		Change	e 🗀 Addition
NAME	Gorham, Joh P			3 2 NAM	AE .	Gorham, John P.			
STREET ADDRESS	1003 PJEDMONT DRIVE			33 \$10	VII ADDOCCC				
	1000   1001110111			3 3 311	REET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL			3.4 CIT	r-St-ZIP		·		
CITY - ST - ZIP TITLE			DELETE		r-St-ZIP		·	Chang	e Addition
		C	] DELETE	3.4 CIT	r-ST-ZIP LE			☐ Chang	e Addition
TITLE		C	] DELETE	3.4 CiT 4.1 TiT 4.2 NAM	r-ST-ZIP LE			☐ Chang	e Addition
TITLE NAME				3.4 CIT 4.1 TIT 4.2 NAN 4.3 SIR 4.4 CIT	r-ST-ZIP LE ME EET ADDRESS Y-ST-ZIP				
TITLE NAME STREET ADDRESS			] DELETE	3 4 CIT 4 1 TIT 4 2 NAM 4 3 STR 4 4 CIT 5 1 TIT	(-ST-ZIP LE ME EET ACORESS Y-ST-ZIP LE			☐ Chang	
TITLE NAME STREET ADDRESS C-TY-ST-Z-P				3 4 CIT 4 1 TIT 4 2 NAM 4 3 STP 4 4 CIT 5 1 TIT 5 2 NAS	C-ST-ZIP  LE  ME  EET ADDRESS  Y-ST-ZIP  LE  ME				
TITLE NAME STREET ADDRESS C-TY-ST-Z-P TITLE				3.4 C (17 4.1 T (1) 4.2 NAN 4.3 S (16 4.4 C (17 5.1 T (17) 5.2 NAN 5.3 S (16)	Y-ST-ZIP LE AF EFT ADDRESS Y-ST-ZIP LE ME ME MEET ADDRESS				
TITLE NAME STREET ADDRESS C-TY-ST-Z-P TITLE NAME			] DELETE	3 4 C IT 4 1 T IT 4 2 NAN 4 3 S IF 4 4 C IT 5 1 T IT 5 2 NAT 5 3 S IF 5 4 C IT	C-ST-ZIP LE AME EET ACORESS Y-ST-ZIP LE AME ME HEET ACORESS Y-ST-ZIP			☐ Chang	e Addition
TITLE  NAME  STREET ADDRESS  C-1Y-ST-Z-P  TITLE  NAME  STREET ADDRESS				3 4 C IT 4 1 T IT 4 2 NAM 4 3 S IF 4 4 C IT 5 1 T IT 5 2 NAM 5 3 S IF 5 4 C IT 6 1 T	C-ST-ZIP LE AME EET ACORESS Y-ST-ZIP LE AME AME AME AME AME AME AME AME AME AM				e Addition
TITLE  NAME  STREET ADDRESS  C-1Y-ST-Z-P  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			] DELETE	3 4 CIT 4 1 TIT 4 2 NAN 4 3 SIF 4 4 CIT 5 1 TIT 5 2 NAT 5 3 SIF 5 4 CIT 6 1 TIT 6 2 NAT	C-ST-ZIP  LE  ARE EET ACORESS Y-ST-ZIP  LE  ME EEET ADDRESS Y-ST-ZIP  LE  ME EEET ADDRESS Y-ST-ZIP  LE  ME			☐ Chang	e Addition
TITLE  NAME  STREET ADDRESS  C-1Y-ST-Z-P  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE			] DELETE	3 4 C IT 4 1 T IT 4 2 NAM 4 3 S IF 4 4 C IT 5 1 T IT 5 2 NAM 5 3 S IF 5 4 C IT 6 2 NAM 6 3 S IT 6 S IT 6 3 S IT 6 S I	C-ST-ZIP LE AME EET ACORESS Y-ST-ZIP LE AME AME AME AME AME AME AME AME AME AM			☐ Chang	e Addition

4. 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 Tfurther 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 aiddress.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/10/96

904-668-3211

CR2E034 (12/95)