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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G15797

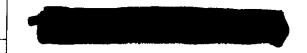
NOBLES, VARNUM & ASSOCIATES, INC. Allen Nobles + Associates, Inc

Principal Place of Business

3559 TIMBERLANE SCHOOL RD. TALLAHASSEE FL 32312 Mailing Address

3559 TIMBERLANE SCHOOL RD. TALLAHASSEE FL 32312

## FILED Feb 20 1998 8:00am Secretary of State



· · · · · · · · · · · · · · · · · · ·				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Primalizat Di	ace of Business	d On Mailing Address		12/29/1982 4. FEI Number	The state of the s
21 1401-f		2a. Mailing Address	S. RIJ	59-2241856	Applied For Not Applicable
Suite, Apt.		Suite, Ant. #, etc.	J. DIVO.		\$8.75 Additional
22		27 Unit 3.5	vite 341	5. Certificate of Status Desired	Fee Required
City & State	ahassee FL	City & State	e FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24 27	312 25 USA	29 32312	30 VSA	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
NOBLES, ALLEN K  B1 Name A Lou K. Nolles					
3559 TIMBERLANE SCHOOL RD 82 Street A				ddress (P.O. Box Number is Not Acceptable	1. 5
TALLAHASSEE FL 32312			00	2797 A.J. Henry Par	ik urive
· ·			83		
	·		84 City -	Tallahassee F	85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607 1508. Florida Statute	es, the above-named co		
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 .	Signature, typical or printed name of registered agent.	and little if applicable. (NOTE	Registered Agent signature re	equired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PO	DELETE	1.1 TITLE		Change Addition
NAME	NOBLES, ALLEN K.		1.2 NAME		
STREET ADDRESS	2799 A.J. HENRY PARK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	VS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VARNUM, ELLIOTT W.	• •	2.2 NAME		
STREET ADDRESS	4575 MILLWOOD LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP		
TITLE	0000000	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GORHAM, JOHN P.		3.2 NAME		
STREET ADDRESS	1003 PIEDMONT DRIVE		3 3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	DELETE	3.4. CITY - ST - ZIP		Character
TITLE		☐ DELET <b>E</b>	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE			5.1 TITLE		T change T wouldn't
NAME CYCCET ADDRESS			5.2 NAME		27,0190
STREET ADDRESS			5.3 STREET ADDRESS		3/3/
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		C percit	6.2 NAME	7000024358	
STREET ADDRESS			6.3 STREET ADDRESS	-02/20/98010140	)15
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***158.75	]
14. I hereby co			r the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further	
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.					