

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

FILED

Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G15797** (5) NC 01/09/98

1. Corporation Name

~~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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1982

4. FEI Number

59-2241856

Applied For

Not Applicable

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1401-A Maday Commerce Blvd

Suite, Apt. #, etc.

22

City & State **Tallahassee FL**

Zip **32312** Country **USA**

24

2a. Mailing Address

26 1400 Village Sq Blvd

Suite, Apt. #, etc.

27 Unit 3, Suite 341

City & State **Tallahassee FL**

Zip **32312** Country **USA**

28

9. Name and Address of Current Registered Agent

**NOBLES, ALLEN K
3559 TIMBERLANE SCHOOL RD
TALLAHASSEE FL 32312**

81 Name

Allen K. Nobles

82 Street Address (P.O. Box Number is Not Acceptable)

2799 A.J. Henry Park Drive

83

84 City

Tallahassee

FL

85 Zip Code

32308

10. Name and Address of New Registered Agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **NOBLES, ALLEN K.**

STREET ADDRESS **2799 A.J. HENRY PARK DRIVE**

CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **VS** ☒ DELETE

NAME **VARNUM, ELLIOTT W.**

STREET ADDRESS **4575 MILLWOOD LN**

CITY - ST - ZIP **TALLAHASSEE FL**

TITLE **T** ☒ DELETE

NAME **GORHAM, JOHN P.**

STREET ADDRESS **1003 PIEDMONT DRIVE**

CITY - ST - ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I 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.

CR2E034 (10/97)

2/20/98

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