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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90065 033 ***150.00

FILED

DOCUMENT # G15797 1. Corporation Name

City & State 23 Toll And Sec. FL 28 Toll And Sec. FL 29 Toll And Sec.	ALLEN NOBLES & ASSOCIATES, INC.					41611 67811 61611 61611 61311 1887	
Principal Place of Business Mailing Address							
TALLAHASSEE FL 32312 US TALLAHASSEE FL 32312 DO NOT WRITE IN THIS SPACE 1 Applied For TallAHASSEE FL TA	Principal Place	of Business	Mailing Address			0 3 1 0 0 5 0 0 + 0 0 0	
2. Principal Place of Business	TALLAHASSEE FL 32312 UNIT 3, SUITE 341 US TALLAHASSEE FL 32312					S SPACE	
2. Principal Place of Business 2. Melling Address 2. Melling Address 2. A. FEI Number 59-2241856	US				,		
Suite, Apt 8, etc. Suite, Apt 8, etc. Suite, Apt 8, etc. Suite, Apt 8, etc. Suite, Apt 8, etc. Suite, Apt 8, etc. Situate Situat	2. Principal Pl	ace of Business	2a. Mailing Address			Applied For	
27				o Avenue	59-2241856		
City & State 23 Toll who seek FL 28 Toll who seek	Suite, Apt.	#, etc.	27		5. Certificate of Status Desired		
Zip Country Zip	City & State	. —	City & State 28 alahasser	FL	, , , , , , , , , , , , , , , , , , , ,	, , , ,	
NOBLES, ALLEN K 2799 A.J. HENRY PARK DRIVE TALLAHASSEE FL 32308 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 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, larm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typed or privade name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11. PURSUANE 12. NAME NOBLES, ALLEN K. 12. NAME 12. NAME NOBLES ALLEN K. 12. NAME 12. STREET ADDRESS 13. TITLE 13. STREET ADDRESS 14. STREET ADDRESS 15. TITLE 15. STREET ADDRESS 15. TITLE 15. STREET ADDRESS 16. STREET ADDRESS 16. STREET ADDRESS 16. STREET ADDRESS 17. STREET ADDRESS 17. STREET ADDRESS 17. STREET ADDRESS 17. STREET ADDRESS	Zip 24 323		Zip	Country			
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2799 A.J. HENRY PARK DRIVE TALLAHASSEE FL 32308 82 83 84 City FL 85 Zip Code 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 or 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 or marginal to the provisions of Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 11 TITLE Change Addition NOBLES, ALLEN K. STREET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 11 TITLE Change Addition NAME STREET ADDRESS 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY. ST. ZIP Change Addition NAME STREET ADDRESS 31 STREET ADDRESS CITY. ST. ZIP Change Addition NAME STREET ADDRESS 32 ADTT. ST. ZIP TITLE DELETE 31 TITLE Change Addition NAME STREET ADDRESS 32 ADTT. ST. ZIP TITLE DELETE 31 TITLE Change Addition NAME STREET ADDRESS 32 ADTT. ST. ZIP TITLE DELETE 31 TITLE Change Addition NAME STREET ADDRESS 33 ADDRESS STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP TITLE Change Addition NAME STREET ADDRESS 34 ADTT. ST. ZIP							
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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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS