SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K84142** **(4)**

1. Corporation Name
NOBASCOR, INC.

Principal Place of Business	Mailing Address
C/O JOHN W. EMERSON 400 5TH AVE. S., STE.#300 NAPLES FL 33940	C/O JOHN W. EMERSON 400 5TH AVE. S., STE.#300 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0116837 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 385 13th Ave. So.	26 385 13th Ave. So.
22 The Aragon Bldg.	27 The Aragon Bldg.
23 Naples, FL	28 Naples, FL
24 Zip 33940 25 Country Collier	29 Zip 33940 30 Country Collier

9. Name and Address of Current Registered Agent

EMERSON, JOHN W.
400 5TH AVE., S.
SUITE 300
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 385 13th Ave. So.
83 The Aragon Building
84 City Naples FL 85 Zip Code 33940

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☑ Addition
NAME	EMERSON, JOHN W.	12 NAME	
STREET ADDRESS	~~400 5TH AVE., S. #300~~	13 STREET ADDRESS	385 13th Ave So.
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	33940
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	EMERSON, CAROLYN B.	22 NAME	
STREET ADDRESS	583 6TH AVE. N.	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	33940
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	EMERSON, JOHN W. III	32 NAME	
STREET ADDRESS	1700 HAYES ST.	33 STREET ADDRESS	1815 Division St. Ste 101
CITY-ST-ZIP	NASHVILLE, TNN	34 CITY-ST-ZIP	Nashville, TN 37203
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. 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)(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: _____ 7-26-95 941-261-5260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John W. Emerson

0104095 CP