

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY -1 PM 12:55

DOCUMENT # **N94000004619 (2)**

1. Corporation Name:  
**THE NOAH GROUP, INC.**

Principal Place of Business: P.O. BOX 770395  
OCALA FL 34477

Mailing Address: P.O. BOX 770395  
OCALA FL 34477

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/16/1994</b>  | 3a. Date of Last Report  |
| 4. FEI Number<br><b>59 3374 371</b>   | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees   |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input checked="" type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required                                       |
| 8. This corporation has liability for intangible tax under § 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                 |                       |
|---------------------------------|-----------------------|
| 21. Principal Place of Business | 2a. Mailing Address   |
| 22. Suite, Apt #, etc           | 26. Suite, Apt #, etc |
| 23. City & State                | 27. City & State      |
| 24. Zip                         | 28. Zip               |
| 25. Country                     | 29. Country           |
| 30. Country                     |                       |

|  |  |  |           |
|--|--|--|-----------|
| 9. Name and Address of Current Registered Agent  |  | 10. Name and Address of New Registered Agent           |           |
| <b>SMITH, CHERYL A</b><br><del>2647 S.W. 33RD AVENUE</del> <b>8950 S.E. 72<sup>nd</sup> Ave.</b><br><del>SUITE 706</del> <b>OCALA, FL 34472</b><br><b>OCALA FL 34474</b> |  | B1. Name   |           |
|  |  | B2. Street Address (P.O. Box Number is Not Acceptable) |           |
|  |  | B3.  |           |
|  |  | B4. City   | <b>FL</b> |
|  |  | B5. 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 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

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>P</b>                                | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SMITH, CHERYL A., Director "D"</b>   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>2647 S.E. 33RD AVE., #706</b>        | 1.3 STREET ADDRESS                                    | <b>8950 S.E. 72<sup>nd</sup> Ave.</b>  |
| CITY, ST, ZIP              | <b>OCALA FL 34474</b>                   | 1.4 CITY, ST, ZIP                                     | <b>OCALA, FL 34472</b>   |
| TITLE                      | <b>V</b>                                | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>PARRISH, CHERYL L., Director "D"</b> | 2.2 NAME  |  |
| STREET ADDRESS             | <b>1909 S.E. 13TH STREET</b>            | 2.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | <b>OCALA FL 34471</b>                   | 2.4 CITY, ST, ZIP                                     |  |
| TITLE                      | <b>S</b>                                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>RICHARD CAROL K., Director "D"</b>   | 3.2 NAME  |  |
| STREET ADDRESS             | <b>28 LAKE WOOD CIRCLE</b>              | 3.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | <b>OCALA FL 34482</b>                   | 3.4 CITY, ST, ZIP                                     |  |
| TITLE                      | <b>T</b>                                | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>WILSON, WENDY L</b>                  | 4.2 NAME  |  |
| STREET ADDRESS             | <b>12 HILL PRINCE DRIVE</b>             | 4.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              | <b>OCALA FL 34482</b>                   | 4.4 CITY, ST, ZIP                                     |  |
| TITLE                      |   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 5.2 NAME  |  |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              |   | 5.4 CITY, ST, ZIP                                     |  |
| TITLE                      |   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |   | 6.2 NAME  |  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |  |
| CITY, ST, ZIP              |   | 6.4 CITY, ST, ZIP                                     |  |

**REPORT DUE BY MAY 1**

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 110.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carol K. Richards* **4/27/95 (904) 873-4791**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR