

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP 20 PM 1:47

DOCUMENT # N94000004619 (2)

1. Corporation Name

THE NOAH GROUP, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

P.O. BOX 770395
OCALA FL 34477

P.O. BOX 770395
OCALA FL 34477

3. Date Incorporated or Qualified

09/16/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1524 N MAGNOLIA

26 1524 N MAGNOLIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 OCALA FLORIDA

28 OCALA, FLORIDA

Zip

Country

Zip

Country

24 34475

25 MARION

29 34475

30 MARION

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, CHERYL A
8950 SE 72ND AVE
OCALA FL 34472

81 Name

MILLER, PHILIP E.

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

8425 SW 3RD CT

83

84

OCALA

FL

85 Zip Code

34476

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/31/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME SMITH, CHERYL A
STREET ADDRESS 8950 SE 72ND AVE
CITY-ST-ZIP OCALA FL

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME MILLER, PHILIP E
1.3 STREET ADDRESS 8425 SW 3RD CT
1.4 CITY-ST-ZIP OCALA FL 34476

TITLE VD ☒ DELETE

NAME PARRISH, CHERYL L
STREET ADDRESS 1909 S.E. 13TH STREET
CITY-ST-ZIP OCALA FL

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME HODGE, JEANNIE
2.3 STREET ADDRESS 19370 SE 92ND ST.
2.4 CITY-ST-ZIP OCKLAWAHA, FL 32179

TITLE SD ☒ DELETE

NAME RICHARD, CAROL K
STREET ADDRESS 28 LAKE WOOD CIRCLE
CITY-ST-ZIP OCALA FL

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME WEAKLEY, DARLENE
3.3 STREET ADDRESS 9419 NE JACKSONVILLE RD
3.4 CITY-ST-ZIP OCALA, FL 32617

TITLE T ☐ DELETE

NAME WILSON, WENDY L
STREET ADDRESS 12 HILL PRINCE DRIVE
CITY-ST-ZIP OCALA FL 34482

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 100001968291
4.4 CITY-ST-ZIP -10/08/96--01155--001
*****61.25 *****61.25

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE REQUIRED

7/31/96 (352)347-2206

Date

Daytime Phone #