FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000053466 (7)

1. Corporation Name
STEVE NOYES ENTERPRISES, INC.

Principal Place of Business
14150 TOMAS POINT LANE
JACKSONVILLE FL 32225

Mailing Address
14150 TOMAS POINT LANE
JACKSONVILLE FL 32225

2. Principal Place of Business
21 2401 University Blvd. S.
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip 24 32216 Country 25 USA

2a. Mailing Address
26 2401 University Blvd. S.
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, FL
Zip 29 32216 Country 30 USA

3. Date Incorporated or Qualified: **07/26/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: 59-3195627 59-3194627 ☐ 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 XX No

9. Name and Address of Current Registered Agent

ADKINS, GUY D
2821-A BOLTON ROAD
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	NOYES, STEVEN A	
STREET ADDRESS	14150 TOMAS POINT LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	☐ DELETE
NAME	JORDAN-NOYES, CYNTHIA A	
STREET ADDRESS	14150 TOMAS POINT LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	☐ DELETE
NAME	JORDAN, ALFRED E	
STREET ADDRESS	2226 IVYLGAIL DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
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		

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: St A Noyes Steven A. Noyes — 01/17/96 — 904/221-0736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #