## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000053466 (7)

STEVE NOYES ENTERPRISES, INC.

## **FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
2401 UNIVER		2401 UNIVERSITY BLVD	s		
JACKBONVILLE FL 32216		JACKSONVILLE FL 32216			
US		US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
a Principal F	Place of Rusiness	2a. Mailing Address			07/26/1993 4. FEt Number   Applied For
2. Principal Place of Business 21		26. Walling Address			1.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-3194627 Not Applicable \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Regulred
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. 🔲 Yes 🔲 No
<del></del>	9. Name and Address of Current	Registered Agent		<b>81</b> Nam	10. Name and Address of New Registered Agent
	ADKINS, GUY D				18 g
2821-A BOLTON ROAD			1	82 Stre	et Address (P.O. Box Number is Not Acceptable)
ORANGE PARK FL 32073			}	83	
				-	
			Ī	84 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	tes the at	nove-nami	
office or o	registered agent, or both, in the State or familiar with, and accept the obligations.	of Florida, Such change was	aulhorized	by the c	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
	ян і <b>в</b> енная міні, ана ассеря не осп <u>р</u> аг	lions of, Section 607.0505, FT	onda Stati	utes.	İ
SIGNATURE	Signature, typod or printed name of registered agen-	and tile if applicable (NO)	It.: Registered	Agent signa	ture required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELET <b>E</b>	1.1 TIT	LE	☐ Change ☐ Addition
NAME	NOYES, STEVEN A		1.2 NA	ME	
STREET ADDRESS	13648 MT. PLEASANT RD.		1.3 STI	REET ADDRES	s
CITY-ST-ZIP	JACKSONVILLE FL			Y - ST - ZIP	
TITLE	D OPPOANTAINA A	☐ DELETE	2.1 TIT		☐ Change ☐ Addition   Change ☐ Change
NAME	JORDAN-NOYES, CYNTHIA A		2 2 NA		
STREET ADDRESS	13648 MT. PLEASANT RD. JACKSONVILLE FL			REET ADDRES	S
CITY-ST-ZIP	D DAOUSONAILLE LE	DELETE		TY-ST-ZIP	
TITLE NAME	JORDAN, ALFRED E	בין טנונונ	31 1/7		Change Addition
STREET ADDRESS	2228 IVYLGAIL DRIVE WEST		3.2 NA		
CITY-ST-ZIP	JACKSONVILLE FL 32225			REET ADDRES	
TITLE	WITH THE PERSON	DELETE	3.4. CI 4.1 TIT	IY-\$T-ZIP	. Change Addition
NAME			4. 2 NA		C Change Adultion
STREET ADDRESS				reet addres	
CITY-ST-ZIP			•	Y - ST - ZIP	
TITLE		DELETE	5.1 TIT		Change Addition
NAME			5.2 NAI		_ Stange _ Maddon
STREET ADDRESS				reet addres	s
CITY-ST-ZIP				Y·ST·ZIP	<u> </u>
TITLE		DELETE	6.1 TIT		☐ Change ☐ Addition
NAME			6.2 NAI		
STREET ADORESS	·			'''. IEET ADDRES	
CITY_ST_ZIP			1	V 01 7/0	

14. 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.