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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008177 (5)

1. Corporation Name

NOLAN/NOLAN CORPORATION



Principal Place of Business

Mailing Address

P O BOX 640
APOPKA FL 32704-0640

P O BOX 640
APOPKA FL 32704-0640

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLISLE, RONALD W
2731 SILVER STAR ROAD
ORLANDO FL 32808-3935

JOHN NO LAN
802 PINK CAMELIA CT.
APOPKA, FLORIDA 32712

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

John G. Nolan

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME NOLAN, JOHN
STREET ADDRESS 802 PINK CAMELIA CT
CITY-ST-ZIP APOPKA FL 32712

TITLE VD ☐ DELETE

NAME NOLAN, TRACEY
STREET ADDRESS 802 PINK CAMELIA CT
CITY-ST-ZIP APOPKA FL 32712

TITLE STD ☐ DELETE

NAME NOLAN, ELIZABETH F
STREET ADDRESS 802 PINK CAMELIA CT
CITY-ST-ZIP APOPKA FL 32712

TITLE SD ☐ DELETE

NAME CARLISLE, RONALD W
STREET ADDRESS 2731 SILVER STAR ROAD
CITY-ST-ZIP ORLANDO FL 32808-3935

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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.

SIGNATURE: [Signature]

2-27-97 12 004 0000

CR2E034 (9/96)