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FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

P O BOX 640  
APOPKA FL 32704-0640

Mailing Address

P O BOX 640  
APOPKA FL 32704-0640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1994

4. FEI Number

59-3219819

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JOHN NOLAN  
802 PINK CAMELIA CT.  
APOPKA FL 32712

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

*John Nolan*

(NOTE: Registered Agent signature required when reinstating)

DATE

April 21, 1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME SD  
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

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

14. I 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:

*John Nolan*

4-28-98 42-894-8539

CR2E034 (10/97)