

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90002 008 \*\*\*150.00

DOCUMENT # **P94000027497**

1. Corporation Name

**NOAKES-FRY ASSOCIATES, INC.**



Principal Place of Business

11927 OTERO CT  
#194  
SEMINOLE FL 33772  
US

Mailing Address

11125 PARK BLVD  
STE 104-220  
SEMINOLE FL 33772  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/08/1994**

4. FEI Number

**59-3269827**

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 the current year  
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FRY, ROGER B**  
**11927 OTERO CT**  
**#194**  
**SEMINOLE FL 33772**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	NOAKES-FRY, KRISTEN	
STREET ADDRESS	11927 OTERO CT #194	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FRY, ROGER	
STREET ADDRESS	11927 OTERO CT #194	
CITY-ST-ZIP	SEMINOLE FL-	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Kristen Fry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/99 727-392-4029  
Date Daytime Phone #

CR2E034 (5/99)

# NOAKES-FRY ASSOCIATES, Inc.

P94000027497  
594952-90002-8

---

Information Development Consultants

Annual Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

July 09, 1999

To Whom It May Concern:

Our annual report is being submitted after the first notice filing date because we never received the first notice.

As soon as we received the second notice, I called your office and spoke to a very nice representative named Robin. She advised me to complete the second notice annual report and submit it via your office with the first notice filing fee attached, and a letter describing the problem.

Please accept this letter as certification that this corporation never received the first notice of annual report filing.

Sincerely,



Roger B. Fry  
Vice-President,  
Noakes-Fry Associates, Inc.