*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 15 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/16/95--01082--011
****208.75 ****208.75
DO NOT WRITE IN THIS SPACE

1. Corporation Name: NOAH'S CONTRACTORS INC.

DOCUMENT # P94000034423

Mailing Address / Principal Place of Business:
1682 N. BELCHER RD
CLEARWATER, FLA
SUITE S-A 34625

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: JUNE 1994
3a. Date of Last Report: NONE
4. FEI Number: 59-3843020 ☐ 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
7. Nonprofit Exempt from $139.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent:
PEGGY EDWARDS
2005 BRIARWOOD
DUNEDIN, FLA.

10. Name and Address of New Registered Agent:
81 Name: MICHAEL RATCLIFF
82 Street Address (P.O. Box Number Is Not Acceptable): 1682 N. BELCHER RD. - S-A
83
84 City: CLEARWATER FL 85 Zip Code: 34625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 1/10/95
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE	P	PRESIDENT
1.2 NAME		PEGGY EDWARDS
1.3 STREET ADDRESS		2005 BRIARWOOD
1.4 CITY-ST-ZIP		DUNEDIN, FLA 34698
2.1 TITLE	P	JOHN KAMP JR.
2.2 NAME		503 TIMBER LN
2.3 STREET ADDRESS		TARPON SPRINGS, FLA. 34689
2.4 CITY-ST-ZIP		
3.1 TITLE	V	VICE PRESIDENT
3.2 NAME		MICHAEL RATCLIFF
3.3 STREET ADDRESS		1682 N. BELCHER RD SA
3.4 CITY-ST-ZIP		CLEARWATER, FLA 34625
4.1 TITLE	T	TREASURE
4.2 NAME		MICHAEL RATCLIFF
4.3 STREET ADDRESS		1682 N. BELCHER RD. SA
4.4 CITY-ST-ZIP		CLEARWATER, FLA 34625
5.1 TITLE	S	SECRETARY
5.2 NAME		MICHAEL RATCLIFF
5.3 STREET ADDRESS		1682N. BELCHER RD. SA
5.4 CITY-ST-ZIP		CLEARWATER, FLA. 34625
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE / 1.2 NAME: RESIGNED
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] MICHAEL RATCLIFF 12-6-94 813-447-3000
SIGNATURE AND TYPED OR PRINTED NAME OF PLANNING OFFICER OR DIRECTOR — Date — Daytime Phone #