FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # **P94000034423 (1)**

1. Corporation Name
NOAH'S CONTRACTORS INC.

Principal Place of Business
1682 N BELCHER RD 5-A
CLEARWATER FL 34625

Mailing Address
1682 N BELCHER RD 5-A
CLEARWATER FL 34625

3. Date Incorporated or Qualified: **05/04/1994**
3a. Date of Last Report: **02/15/1995**

4. FEI Number: **59-3243020** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 770-B GROSSE AVE.
22 Suite, Apt. #, etc.
23 City & State: CLEARWATER, FL.
24 Zip: 34689
25 County: PINELLAS

2a. Mailing Address
26 770-B GROSSE AVE
27 Suite, Apt. #, etc.
28 City & State: CLEARWATER, FL.
29 Zip: 34689
30 County: PINELLAS

9. Name and Address of Current Registered Agent

RATCLIFF, MICHAEL
1682 N BELCHER RD 5-A
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name: JOHN McClelland
82 Street Address (P.O. Box Number is Not Acceptable): 190 - 73rd Ave Apt B
83
84 City: St Pete Beach FL 85 Zip Code: 33706

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 N. McClelland JOHN N. McClelland, president DATE: 1/24/96
(If changing Registered Agent, Registered Agent must sign.)

12. OFFICERS AND DIRECTORS		✓ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	✓ Change	✓ Addition
TITLE	VTS		1.1 TITLE	PRESIDENT	
NAME	RATCLIFF, MICHAEL		1.2 NAME	JOHN N. McCLELLAND	
STREET ADDRESS	1682 N. BELCHER RD. 5-A		1.3 STREET ADDRESS	7887 SUNDOWN DR.	
CITY-ST-ZIP	CLEARWATER FL 34625		1.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33709	
TITLE		☐ DELETE	2.1 TITLE	VICE PRESIDENT	☐ ✓
NAME			2.2 NAME	DANIEL A. LITTRELL	
STREET ADDRESS			2.3 STREET ADDRESS	540 STILL MEADOWS CIRCLE	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ DELETE	3.1 TITLE	SECRETARY/TREASURER	☐ ✓
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	PRODUCTION MANAGER - V.P.	☐ ✓
NAME			4.2 NAME	MATTHEW EARL	
STREET ADDRESS			4.3 STREET ADDRESS	106 RENOIR CIR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PALM HARBOR, FL. 34683	
TITLE		☐ DELETE	5.1 TITLE		☐ ☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 added to the report with an address.

SIGNATURE: John N. McClelland 1/24/96 813-938-8847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #