FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000053926 (9)

1. Corporation Name

H. M. NOEL, INC.

Principal Place of Business	Mailing Address
16177 SAGEBRUSH ROAD TAMPA FL 33618	16177 SAGEBRUSH ROAD TAMPA FL 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7727 Land O'Lakes Blvd	26 P.O. BOX 273787
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Land O'Lakes, FL	City & State 28 Tampa, FL
Zip 24 34639 Country 25 USA	Zip 29 33688 Country 30 USA

3. Date Incorporated or Qualified: 07/20/1994
3a. Date of Last Report
4. FEI Number: 59-3255588 ☐ 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

9. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: HENRY M NOEL
82 Street Address (P.O. Box Number is Not Acceptable): 16177 SAGEBRUSH ROAD
83
84 City: TAMPA, FL 85 Zip Code: 33618

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] PRESIDENT 4/24/95

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☒ Addition
1.2 NAME	HENRY M. NOEL	
1.3 STREET ADDRESS	16177 SAGEBRUSH ROAD	
1.4 CITY ST ZIP	TAMPA, FL 33618	
2.1 TITLE	V. T.	☐ Change ☒ Addition
2.2 NAME	JACK W BILLETT JR	
2.3 STREET ADDRESS	3102 TARABROOK DR	
2.4 CITY ST ZIP	TAMPA, FL 33618	
3.1 TITLE	S	☐ Change ☒ Addition
3.2 NAME	DORA F BILLETT	
3.3 STREET ADDRESS	3102 TARABROOK DR	
3.4 CITY ST ZIP	TAMPA, FL 33618	
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 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 on an attachment with an address.

SIGNATURE: [signature] JACK W BILLETT JR 4/25/95 813-996-3744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0208446 CP