FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000024885 (1)

1. Corporation Name
NOACK AND ASSOCIATES INSURANCE AND FINANCIAL SER VICES INC.

Principal Place of Business
~~2210 EAST OLIVE ROAD STE 102~~
~~PENSACOLA FL 32514~~
8800 University Pkwy A-1
Pensacola, Fl 32514

Mailing Address
~~2210 EAST OLIVE ROAD STE 102~~
~~PENSACOLA FL 32514-6176~~
8800 University Pkwy
A-1
Pensacola, Florida 32514

2. Principal Place of Business
21 8800 University Pkwy
Suite, Apt. #, etc.
22 A-1
City & State
23 Pensacola Fl
Zip 24 32514 Country 25 Escambia

2a. Mailing Address
26 8800 University Pkwy
Suite, Apt. #, etc.
27 A-1
City & State
28 Pensacola Fl
Zip 29 32514 Country 30 Escambia

3. Date Incorporated or Qualified: 03/15/1996
3a. Date of Last Report: 3/15/96
4. FEI Number: 59-3367537 (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
NOACK, LYNNE G
~~2210 EAST OLIVE ROAD STE 102~~
PENSACOLA FL 32514

10. Name and Address of New Registered Agent
81 Name: Lynne G. NOACK
82 Street Address (P.O. Box Number is Not Acceptable): 8800 University Pkwy
83 A-1
84 City: Pensacola FL 85 Zip Code: 32514

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Lynne G. Noack — Lynne G. NOACK — President — DATE: 4/27/1997
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President, Sec.	☐ DELETE
NAME	Lynne G. NOACK	
STREET ADDRESS	8800 University Pkwy A-1	
CITY-ST-ZIP	Pensacola, Florida 32514	
TITLE	Vice President Treas.	☐ DELETE
NAME	Harry A. NOACK	
STREET ADDRESS	8800 University Pkwy A-1	
CITY-ST-ZIP	Pensacola, Florida 32514	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

CR2E034 (9/96)

14. I do 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: Lynne G. Noack — 4/27/1997