

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000024885 (1)**

1. Corporation Name

NOACK AND ASSOCIATES INSURANCE AND FINANCIAL SERVICES INC.



Principal Place of Business

**8800 UNIVERSITY PKWY
A1
PENSACOLA FL 32514
US**

Mailing Address

**8800 UNIVERSITY PKWY
A1
PENSACOLA FL 32514
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 10260 Sugar Creek Pl

Suite, Apt. #, etc.

22 City & State

23 Pensacola, Florida

Zip

24 32514

Country **U.S.**

2a. Mailing Address

26 P.O. Box 7152

Suite, Apt. #, etc.

27 City & State

28 Pensacola, Florida

Zip

29 32534

Country **U.S.**

30 Escambia

9. Name and Address of Current Registered Agent

**NOACK, LYNNE G
8800 UNIVERSITY PKWY
A1
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)
10260 Sugar Creek Pl
83
84 City Pensacola FL 85 Zip Code 32514**

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

Lynne G. Noack

(NOTE: Registered Agent signature required when reinstating)

4/19/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PS** ☐ DELETE
NAME **NOACK, RYNNE**
STREET ADDRESS **8800 UNIVERSITY PKWY A1**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VPI** ☐ DELETE
NAME **NOACK, HARRY A**
STREET ADDRESS **8800 UNIVERSITY PKWY A1**
CITY-ST-ZIP **PENSACOLA FL**

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 **PS** ☒ Change ☐ Addition
1.2 NAME **NOACK, Rynne** **Corrected**
1.3 STREET ADDRESS **10260 Sugar Creek Place**
1.4 CITY-ST-ZIP **Pensacola, FL 32514**

2.1 TITLE **VT** ☒ Change ☐ Addition
2.2 NAME **NOACK Harry**
2.3 STREET ADDRESS **10260 Sugar Creek Place**
2.4 CITY-ST-ZIP **Pensacola, Florida 32514**

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

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:

Lynne G. Noack

CR2E034 (10/97)