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Jun 19 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P97000067431 (1) NOBLES CONSULTANT GROUP, INC. Principal Place of Business Mailing Address 2799 A.J. HENRY PARK DRIVE 2799 A.J. HENRY PARK DRIVE TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1997 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 3461662 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 29 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **NOBLES, PAMELA W** 2799 A.J. HENRY PARK DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL.32308 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08. 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registricid agent and the P applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 DFLETE 1.1 TO LE ☐ Change Addition TITLE NOBLES, PAMELA W NAME 1.2 NAME 2799 A.J. HENRY PARK DRIVE 1.3 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CHTY - ST - ZIP 1.4 City - \$1 - ZiP DELETE Change Addition TOTAL 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CiTY - \$1 - ZiP DELETE Change Addition 4.1 THLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City-St-ZiP CITY-ST-7IP DELETE Addition 5.1 TITLE TITLE ananuzsaroitš 5.2 NAME NAME -86/22/98---01003--632 5.3 STREET ADDRESS STREET ADDRESS ***150.00 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 200002557003 NAME 6.2 NAME -06/22/38--01003--031 STREET ADDRESS 6 3 STREET ADDRESS ****13. 75. CITY-ST-ZIP 6.4 CITY - ST- ZIP 14. Thereby 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 angular report or supplierned tal argual report is true and account) 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 ecciven or trustyle emphworld to exegute this preport as required by Chapter 607, Florida Statutes; and that my name appears in

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