

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000022218	_
JAMES P. NOBLE, LMHC, INC.	

Mailing Address Principal Place of Business 501 E. KENNEDY BLVD. 10073 103TH LANE NORTH **SUITE 1700** SEMINOLE FL 33776 DO NOT WRITE IN THIS TAMPA FL 33602 3. Date Incorporated or Qualifed 03/10/1998 2a. Malling Address 4. FEI Number Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. Fee Required City & State \$5.00 May Be City & State Trust Fund Contribution 23 Country 8. This corporation owes the current year Intangible Country ZID 30 Personal Property Tax. 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NOBLE, RON H Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD. **SUITE 1700 TAMPA FL 33602** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature reg ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TITLE TITLE CR2E034 12 NAME NOBLE, JAMES P NAME 10073 103TH LANE NORTH 1.3 STREET ADDRESS STREET ADDRESS SEMINOLE FL 33776 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE TILE 21 TITLE NAME 22 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 31 TITLE TILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 6.1 TITLE DELETE

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 suppliemental 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE:

NAME

STREET ADDRESS

FILED

Secretary of State

03-31-1999 90003 016 ***158.75

Mar 31, 1999 8:00 am