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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

99 MAR 29 AM 9:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT # P98000091072 1. Corporation Name MAX NOBLIN COMPANY

Principal Place of Business 3176 HAWKS LANDING DR. TALLAHASSEE FL 32308 Mailing Address 3176 HAWKS LANDING DR. TALLAHASSEE FL 32308

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip 28 Country 24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

NEAL, AUSTIN B ESQ FOLEY & LARDNER, P.A. 300 E. PARK AVE. TALLAHASSEE FL 32301

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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.

(Print the full name of the person who signed the report.)

(Date)

12. OFFICERS AND DIRECTORS [] DELETE

TITLE DP NAME NOBLIN, MAX P STREET ADDRESS 3176 HAWKS LANDING DR. CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE VT NAME NOBLIN, MEREDITH STREET ADDRESS 3176 HAWKS LANDING DR. CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE S NAME NEAL, AUSTIN B STREET ADDRESS 3176 HAWKS LANDING DR. CITY-ST-ZIP TALLAHASSEE FL 32308 [] DELETE [] DELETE [] DELETE [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change [] Addition

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP [] Change [] Addition [] Change [] Addition [] Change [] Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99 850 877 7756