

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S48945

1. Corporation Name

NOPEC COPORATION

Principal Place of Business

1248 GEORGE JENKINS BLVD
LAKELAND FL 33806
US

Mailing Address

P.O. DRAWER 2868
LAKELAND FL 33806

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90043 004 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1991

4. FEI Number

59-3060453

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 the current year Intangible
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

POWERS, RICHARD M.
6003 IRBY LANE W
LAKELAND FL 33811

10. Name and Address of New Registered Agent

81 Name

MAX LOWE

82 Street Address (P.O. Box Number is Not Acceptable)

1248 GEORGE JENKINS BLVD.

83

84 City

LAKELAND

FL

85 Zip Code

33815

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME GHOTTO, ROBERT A.
STREET ADDRESS 519 MEADOW VIEW RD
CITY-ST-ZIP HIAWASSEE GA 30546

☐ DELETE

TITLE D
NAME POWERS, RICHARD M.
STREET ADDRESS 6003 IRBY LANE W
CITY-ST-ZIP LAKELAND FL 33811

☐ DELETE

TITLE D
NAME RINEHART, W. THOMAS
STREET ADDRESS 700 FREELING DR
CITY-ST-ZIP SARASOTA FL 34242

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
MAX LOWE
1248 GEORGE JENKINS BLVD.
LAKELAND, FL 33815

☐ Change

☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)