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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

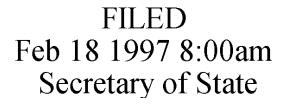
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$78179

(6)

JIM NOBLES REALTY, INC.

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Principal Place of Business 800 TARPON WOODS BLVD. SUITE F-1 PALM HARBOR FL 34685 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23		Mailing Address 800 TARPON WOODS BLVD. SUITE F-1 PALM HARBOR FL 34685-2000 2a. Mailing Address 2b Suite, Apt. #, etc. 27 City & State 28		3. Date Incorporated or Qualified 09/04/1991 4. FEI Number 59-3085252 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 3a. Date of Last Report 04/18/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees				
Zip 24	Country 25	Zip 29	30 Co.	untry		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199 Yes 🏻 No	1.032,
[27]	9. Name and Address of Current		1001			10. Name and Address of New Re		
	BLES, JAMES M.			81	Name			
1	TARPON WOODS BLVD.				Street A	eet Address (P.O. Box Number is Not Acceptable)		
SUITE F-1 PALM HARBOR FL 34685				83				
				84	City	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code	•
office or r agent. Fa SIGNATURE	egistered agent, or both, in the State of maintain with, and accept the obligation of printed name of registered agents.	of Florida, Such change was tions of, Section 607,0505, Fl	authorize lorida Sta TE: Registere	ed by itutes	the corp	corporation submits this statement for the poration's board of directors. I hereby acception acception of the policy of the poli	urpose of changing its regist the appointment as regist DAIE	stered
12.	OFFICERS AND	DELETE	13.		Т	ADDITIONS/CHANGES TO OFFIC		Addition
TITLE NAME	NOBLES, JAMES M.	L. Decene		IAME			Onlying	, Roomon
STREET ADDRESS	800 TARPON WOODS BLVD.		- 1		ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL			OTY-S				
TITLE	S	DELETE	2 1 T	ITLE			Change	Addition
NAME	NOBLES, JAMES M		22 N	IAME				1
STREET ADDRESS	800 TARPON WOODS BLVD.				ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL	DELETE	2 4 t		ST - ZIP		Change	Addition
TITLE		L_ OLLCAL		IAME				,
STREET ADDRESS					ADDRESS			
CITY-S1-ZIP			3.4	CITY-S	ST-ZIP			
TITLE		DELETE	4.1 ⊺	ITLE			Change	Addition
NAME				NAME				
STREET ADDRESS			1		ADDRESS			
CITY - ST - ZIP		DELETE	4.4 (5.1 T	CITY - S	I - ZIP		Change	Addition
TITLE NAME				NAME			tan Orango Lai	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP					ST · ZIP			
TITLE		☐ DELETE	6.1 1				Change	Addition
NAME			6.21	NAME				
S*REET ADDRESS			6.3 5	STREET	ADDRESS			
CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e			CITY-S		ated in Section 119 07/3\(i). Florida Statute	o I further continue 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.

1/14/07 8/2-789.9274