

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V12659 (1)  
1. Corporation Name  
NOLAN & JARM ENTERPRISES, INC.



Principal Place of Business 8318 OLD POST RD PORT RICHEY FL 34668	Mailing Address 8318 OLD POST RD PORT RICHEY FL 34668
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1992	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 59-3107476	
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country	29	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NOLAN, MARIE P. 8318 OLD POST RD PORT RICHEY FL 34668		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	NOLAN, JOSEPH JAMES	1.2 NAME	
STREET ADDRESS	4932 LIMESTONE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	JARM, WILLIAM	2.2 NAME	
STREET ADDRESS	6540 LENOIR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	NOLAN, MARIE P.	3.2 NAME	
STREET ADDRESS	8318 OLD POST RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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.

SIGNATURE: Marie P. Nolan 4-13-98 813 847-3509

CR2E034 (10/97)