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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Apr 06 1998 8:00am Secretary of State

Principal Place of Business	GERALDI	IENT # V5946 INE B. NOBLES, P.A.	9 (9)			#	
Adding Address  24 M ALE ST  ABELLE FL 33835  PO. 807 1300  ABELLE FL 33875  PO. 807 1300  Applied FG  3. Date incorporated or Qualified  08/21/1982  2. Principal Place of Business  24. Mailing Address  4. FEL Number  65-0413003  Nol Applied FG  Suite, Apt. #, etc.  5. Certificate of Status Desired  City & State  Country  Zip  Country  Zip  Country  Zip  Country  8. This corporation owes or has paid the current year inlangible.  Personal Property Tax due June 30   Yess   No  9. Name and Address of Current Registered Agent  NOBLES, GERALDINE B.  241 N LEE ST  LABELLE FL 33835  B2 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. The above named corporation's board of cirectors. Thereby accept the apportance was authorized by the corporation's board of cirectors. Thereby accept the apportance of agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes. The above named corporation's board of cirectors. Thereby accept the apportance of agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PV\$T  NAME  SIREH ADDRESS  CITY-ST-2P  LABELLE FL 338935  CITY-ST-2P  DELETE  22 NAME  23 NAME  24 DIT-ST-17P	<del></del>	·•					
LABELLE FL 33935  LABELLE FL 33975  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 08/2/1/1992  2. Principal Place of Business 2. Malling Address 4. FEI Number 65-04 13003  Suite, Apt. #, &tc. 2. Typ Country 3. This corporation owes or has paid the current year intengible Personal Property Tax due June 30	•	of Business	ū				
2. Principal Place of Business 2. Mailing Address 4. FEL Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. For Required 7. Country 7. Country 8. This corporation owes or has paid the current year Intangible 7. Personal Property Tax due June 20.						DO NOT WRITE IN THIS SPACE	
2. Mailing Address 2. Mailing Address 2. Mailing Address 3. A, FEI Number 5. G5-0413003						3. Date Incorporated or Qualified	
28   Suite, Apt. #, etc.   Suite, Apt. #, et	8 Dringing Diag	ne of Cusinasa	Do Malling Address				
Suite, Apt. #, etc.    29		ce or business	<del></del>	Mailing Address		1.45466.5	
City & State	Suite, Apt. #,	etc.				rm \$8.75 Additions	
28   Trust Fund Contribution   Added to Fees   Trust Fund Contribution   Added to Fees   Zip   Country   Zip   Country   2s   3s   Trust Fund Contribution   Added to Fees   Residual Contribution   Added to Fees   Residual Contribution   Residual Contribution   Added to Fees   Residual Contribution   Residual Contri						5. Certificate of Status Desired	
28	23		28				
NOBLES, GERALDINE B. 241 N LEE ST LABELLE FL 33935  131 Name  142 City  152 Street Address (P.O. Box Number is Not Acceptable)  153 Variety Address (P.O. Box Number is Not Acceptable)  154 City  155 Vip Code  156 Victor or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  156 Victor 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  156 Victor 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,	<del>-</del>	h-n ' h-n '		<b>⊢</b> , ′			
NOBLES, GERALDINE B. 241 N LEE ST LABELLE FL 33935  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 register 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 ammiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and Stite if applicable   INOTE: Registered Agent signature required when reinstating) DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE   PVST   DELETE   1.1 TILE   Change   Add.  NOBLES, GERALDINE B.  STREET ADDRESS   241 N LEE ST   1.2 STREET ADDRESS   1.2 STREET ADDRESS   241 N LEE ST   1.2 STREET ADDRESS   2.2 NAME   2.2 NAME   2.2 NAME   2.2 NAME   2.3 STREET ADDRESS   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   DELETE   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.2 NAME   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.4 CITY-ST-Z		<del></del>		30			
241 N LEE ST LABELLE FL 33935  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-married corporation submits this statement for the purpose of changing its registor 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, am familiar with, end accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature. Signature. Signature, typed or profiled name of registered agent and sitle if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PVST DELETE 1.1 TITLE  NOBLES, GERALDINE B.  STREET ADDRESS  241 N LEE ST  LABELLE FL 33935  1.2 NAME  STREET ADDRESS  CITY-ST-2IP  TITLE  DELETE 2.1 TITLE  2.2 NAME  STREET ADDRESS  CITY-ST-2IP  4 City  FL  85 Zip Code  1.2 Inches of change of changing its registered agent and sitle if applicable in app				81	Name		
LABBLLE FL 33935  13. 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 register 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or prelied name of registered agent and title if applicable [NOTE Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PVST DELETE 1.1 TITLE Change Add  NOBLES, GERALDINE B.  STREET ADDRESS  CITY-ST-ZIP LABELLE FL 33935  1.4 CITY-ST-ZIP  TITLE 2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE 2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Add  Add  Change				82	Street Adv	dress (P.O. Box Number is Not Acceptable)	
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 register 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or profind name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	LABE		L		Control of the contro		
11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 registers agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or profiled name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE				B3			
SIGNATURE    Signature, typed or profied name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE				84	City	FL 85 Zip Code	
SIGNATURE    Signature, typed or profiled name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	11. Pursuant to t office or reg	the provisions of Sections 607.05 stered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida, Such change was	tes, the abov authorized b	e-named co y the corpor	rporation submits this statement for the purpose of changing its registe ation's board of directors. I hereby accept the appointment as registers	red ed
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PVST DELETE 1.1 TITLE NOBLES, GERALDINE B. 1.2 NAME  STREET ADDRESS 241 N LEE ST LABELLE FL 33935 1.4 CITY-ST-ZIP  TITLE DELETE 2.3 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TOTALE STREET ADDRESS CITY-ST-ZIP		familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida Statute	5.		
TITLE         PV\$T         DELETE         1.1 TITLE         Change         Add           NAME         NOBLES, GERALDINE B.         1.2 NAME         1.2 NAME         1.3 STREET ADDRESS         241 N LEE ST         1.3 STREET ADDRESS           CITY-ST-ZIP         LABELLE FL 33935         1.4 CITY-ST-ZIP         1.4 CITY-ST-ZIP         Change         Add           NAME         2.2 NAME         2.3 STREET ADDRESS         2.3 STREET ADDRESS         2.3 STREET ADDRESS         2.4 CITY-ST-ZIP	Sign	<del></del>			per erutsrigia tria		
NAME					<del></del>		ition
STREET ADDRESS   241 N LEE ST		- · · · · · · · · · · · · · · · · · · ·					
TITLE         DELETE         2.1 TITLE         Change         Add           NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP				1.3 STREET	ADDRESS		
NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP		<del></del>		1.4 CITY- S	ST-ZIP		
STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP	1		☐ DELETE	ſ	ł	L Change L Add	tion
CITY-ST-ZIP 2.4 CITY-ST-ZIP	1				I ADDDEGO		
	}			1	,		ļ
mac   □ beceive ■ string   □ books □ books	TITLE		☐ DELETE	3.1 TITLE		Change Add	ilion
NAME 3.2 NAME	NAME			3.2 NAME			l
STREET ADDRESS 3.3 STREET ADDRESS	STREET ADDRESS			3.3 STREET	F ADDRESS		
CITY-S1-ZIP 3.4. CITY-S1-ZIP	CITY-ST-ZIP				S1-ZIP		
TITLE L. Change L. Add	ŀ					L] Change L_] Add	lion
NAME 4.2 NAME	,				Į.		ļ
STREET ADDRESS  CITY-ST-ZIP  4.4 CITY-ST-ZIP	l l				Į.		
CITY-ST-ZIP		<del>_</del>	DELETE		51-ZIr	Change Add	ition
NAME 5.2 NAME	ſ			•			
STREET ADDRESS . 5.3 STREET ADDRESS .					ADDRESS		
CITY-S1-ZIP 5.4 CITY-S1-ZIP				•	1		
TITLE         DELETE         6.1 TITLE         Change         Add	TITLE			6.1 TITLE		☐ Change ☐ Add	tion
NAME 6.2 NAME	NAME			6.2 NAME	1		į
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. Thereby 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	DITTO OT YES						

Indicated on this annual report or supplied with this litting does not quality for the exemption stated in Section 119.07(3)(j). 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.