FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 APR -6 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 330567 (9)

1. Corporation Name
MH GROUP, INC.

Principal Place of Business	Mailing Address
3100 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32308	3100 CAPITAL CIRCLE N.E. TALLAHASSEE FL 32309

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1968
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 59-1214129 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUDOLPH, JOHN
211 E CALL ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	VCOO	☐ Change ☐ Addition
NAME	KINZER, DOUGLAS I	12 NAME		
STREET ADDRESS	7701 BAILEY RD	13 STREET ADDRESS		
CITY-ST-ZIP	NO LAUDERDALE FL	14 CITY-ST-ZIP		
TITLE	VTS	21 TITLE	VTAS	☒ Change ☐ Addition
NAME	HARRIS, JANE	22 NAME		
STREET ADDRESS	3100 CAPITAL CR. NE	23 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	SIMMONS, ELIZABETH	32 NAME		Delete
STREET ADDRESS	3100 CAPITAL CR. NE	33 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP		
TITLE	PC	41 TITLE	PCEO	☒ Change ☐ Addition
NAME	MCLAURIN, DAVID J	42 NAME		
STREET ADDRESS	3100 CAPITAL CR. NE	43 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP		
TITLE	CCEO	51 TITLE		☒ Change ☐ Addition
NAME	DRAKE, FRED O JR	52 NAME		Delete
STREET ADDRESS	3100 CAPITAL CR. NE	53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP		
TITLE	VTS	61 TITLE	VCFOS	☒ Change ☐ Addition
NAME	MATHEWES, OGIER	62 NAME		
STREET ADDRESS	3100 CAPITAL CR. NE	63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addendum.

SIGNATURE: _____ 3/27/95 904/385-8883
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
David J. McLaurin, President & CEO

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