

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F31873 (5)

1. Corporation Name

LONDON GROUP, INC.

Principal Place of Business

8280 COLLEGE PARKWAY, SUITE 201
FT MYERS FL 33919-2192

Mailing Address

8280 COLLEGE PARKWAY, SUITE 201
FT MYERS FL 33919-2192

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/23/1981

3a. Date of Last Report

05/01/1994

4. FEI Number

592106119

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 C. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 8270 COLLEGE PKWY

Suite, Apt. #, etc.

22 SUITE 205

City & State

23 FT MYERS, FL

Zip

24 33919

Country

25 USA

2a. Mailing Address

26 8270 COLLEGE PKWY

Suite, Apt. #, etc.

27 SUITE 205

City & State

28 FT MYERS, FL

Zip

29 33919

Country

30 USA

9. Name and Address of Current Registered Agent

~~VLASAK, MARY~~
~~1899 HENDRY STREET~~
~~FT MYERS FL 33902~~

10. Name and Address of New Registered Agent

81 Name WILSON, GEMMA C
82 Street Address (P.O. Box Number is Not Acceptable)
8270 COLLEGE PKWY
83 SUITE 205
84 City FT MYERS FL 85 Zip Code 33919

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

GEMMA C. WILSON

3/25/95

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WILSON, DOUGLAS
STREET ADDRESS 8280 COLLEGE PKWY 201
CITY - ST - ZIP FT MYERS FL

TITLE PDT
NAME WILSON, MARK D.
STREET ADDRESS 8280 COLLEGE PKWY 201
CITY - ST - ZIP FT MYERS FL

TITLE S
NAME WILSON, GEMMA C
STREET ADDRESS 8280 COLLEGE PKWY 201
CITY - ST - ZIP FT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME WILSON, DOUGLAS
1.3 STREET ADDRESS 8270 COLLEGE PKWY, SUITE 205
1.4 CITY - ST - ZIP FT MYERS, FL 33919

2.1 TITLE PDT ☒ Change ☐ Addition
2.2 NAME WILSON, MARK D.
2.3 STREET ADDRESS 8270 COLLEGE PKWY, SUITE 205
2.4 CITY - ST - ZIP FT MYERS, FL 33919

3.1 TITLE S ☐ Change ☐ Addition
3.2 NAME WILSON, GEMMA C.
3.3 STREET ADDRESS 8270 COLLEGE PKWY, SUITE 205
3.4 CITY - ST - ZIP FT MYERS, FL 33919

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

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

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

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 110.07(3)(k), 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: GEMMA C. WILSON

GEMMA C. WILSON

3/25/95

(813) 481 3112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number