FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F31873** **(5)**

1. Corporation Name
LONDON GROUP, INC.

Principal Place of Business	Mailing Address
8270 COLLEGE PKWY 205 FT MYERS FL 33919-2192 US	8270 COLLEGE PKWY 205 FT MYERS FL 33919-2192 US

3. Date Incorporated or Qualified: **04/23/1981**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
22 Suit
889 111th Avenue North
Naples, Florida 33963-1805
23 City

2a. Mailing Address
26
27 **889 111th Avenue North**
Naples, Florida 33963-1805
28

24 Zip
25 Country: US

29 Zip
30 Country: US

4. FEI Number: **59-2106119** ☐ 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

WILSON, GEMMA C.
8270 COLLEGE PKWY
SUITE 205
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address
889 111th Avenue North
Naples, Florida 33963-1805
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 Gemma C. Wilson Gemma C. Wilson 5/18/96
Signature, typed or printed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WILSON, DOUGLAS 8270 COLLEGE PKWY, SUITE 205 FT MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☒ Change ☐ Addition 889 111th Avenue North Naples, Florida 33963-1805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT WILSON, MARK D. 8270 COLLEGE PKWY, SUITE 205 FT MYERS FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☒ Change ☐ Addition 889 111th Avenue North Naples, Florida 33963-1805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILSON, GEMMA C 8270 COLLEGE PKWY, SUITE 205 FT MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☒ Change ☐ Addition 889 111th Avenue North Naples, Florida 33963-1805
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PROJECT DATE RECEIVED MAY 23 1996	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ACCT. APPROVED PROJ. MGR.	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT APPROVED ACCTS. PAY. ENTRY DATE PAID	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (12/95)

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)(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 5/18/96 (941)592-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #