

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 APR 24 AM 10:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # JO1620 (0)

1. Corporation Name

SYMONS INTERNATIONAL GROUP, INC.

Principal Place of Business

**5800 N. ANDREWS AVE. 800
FT LAUDERDALE FL 33309**

Mailing Address

**4720 KINGSWAY DRIVE
INDIANAPOLIS IN 46205
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/01/1986	3a. Date of Last Report 04/19/1994
4. FEI Number 59-2667118	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 4720 KINGSWAY DRIVE
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**WAGNER, NORMA
5800 N. ANDREWS AVE. 800
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	SYMONS, G. GORDON	1.2 NAME	
STREET ADDRESS	5900 N. ANDREWS AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	
TITLE	TPD	2.1 TITLE	☐ Change ☐ Addition
NAME	SYMONS, DOUGLAS H.	2.2 NAME	
STREET ADDRESS	4720 KINGSWAY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	2.4 CITY - ST - ZIP	
TITLE	SRV	3.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, JAMES F.	3.2 NAME	
STREET ADDRESS	5800 ANDREWS AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, RONALD	4.2 NAME	
STREET ADDRESS	5800 N. ANDREWS AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	GOODENOW, DONALD J	5.2 NAME	
STREET ADDRESS	4720 KINGSWAY DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	INDIANAPOLIS IN	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)(a), Florida Statutes. I further certify that the information indicated on the 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 registered 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, on an attachment with an address.

SIGNATURE:

Douglas H. Symons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS H. SYMONS

1-13-1995 (317)259-6300

(Date)

(Signature Please)