2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90125 001 ***450.00

DOCUMENT # P96000055456

1. Entity Name

KRG GROUP, INC. * PEOPLEWORKS OF FLA I, INC. *

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4900 MANATEE AVENUE WEST SUITE 101 BRADENTON FL 34209	4900 MANATEE AVENUE WEST SUITE 101 BRADENTON FL 34209-3859

2. Principal Place of Business	3. Mailing Address
5528 N. DAVIS HWY #G	818 HOWARD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 100
City & State PENSACOLA FL	City & State NEW ORLEANS LA
Zip / Country 32503 / U.S.	Zip / Country 70113 / U.S.

4. FEI Number 65-0685016 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALVORT, COURTNEY 22202-C STREET WEST PALMOTLO FL 34221 *	Name: CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD City: PLANTATION **FL** Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD CALVORT, COURTNEY 2202-C STREET WEST PALMETTO FL 34-2221	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/S/T GREGORY H. BROWNE 818 HOWARD AVE #100 N.O., LA 70113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. V.P. G. NEIL CLARK 4317 DOWNTOWNER LOOP MOBILE, AL 36609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. V.P. JACK V. EUMONT 818 HOWARD AVE #100 N.O., LA 70113	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. I hereby 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ GREGORY H. BROWNE PRESIDENT/S/T 4-14-00 504-593-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #