

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **H08266** (9)

95 MAR -9 AM 8:33

1. Corporation Name

THE INNOVATIVE MANAGEMENT GROUP, INC.

Principal Place of Business

11595 KELLY ROAD
FT. MYERS FL 33908

Mailing Address

11595 KELLY ROAD
FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/15/1984

3a. Date of Last Report

04/27/1994

4. FBI Number

59-2231500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

81 Name

CAROL J. HENKE c/o INNOVATIVE MGT. GROUP

82 Street Address (P.O. Box Number is Not Acceptable)

83 DELETE ST E. 307B

84 City

FL

85 Zip Code

9. Name and Address of Current Registered Agent

PHTS, SANDRA
11595 KELLY RD.
STE-807B
FT. MYERS FL 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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

Carol J. Henke

(NOTE: Registered Agent signature required when reinstating)

2/27/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	TROWBRIDGE, KEITH W
STREET ADDRESS	11595 KELLY RD.
CITY - ST - ZIP	FT. MYERS FL
TITLE	S
NAME	MOORE, BONNIE
STREET ADDRESS	11595 KELLY RD.
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	S/T SUSAN GILLESPIE
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, an attachment with an address.

SIGNATURE:

K. W. Trowbridge

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-95

813-472-2700