FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **520794** **(9)**

1. Corporate Name

107 GROUP, INC.

Principal Place of Business	Mailing Address
9075 COVE AVENUE PENSACOLA FL 32534	9075 COVE AVENUE PENSACOLA FL 32534

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/22/1976**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: **59-1712948** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

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

Zip — 24 — County — 25

Zip — 29 — County — 30

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes: XX Yes ☐ No

9. Name and Address of Current Registered Agent

HALEY, HARRY
2200 "W" STREET
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

81 Name

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

83

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Section 607.1803 and 607.1805, 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 607.1805, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
71	D	75	☐ Change ☐ Addition
NAME	WILLIAMS, L.P. JR.	76 NAME	
STREET ADDRESS	3397 GREENBRIAR CIRCLE	77 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	78 CITY-ST-ZIP	
71	S	75	☐ Change ☐ Addition
NAME	HOLLOWAY, JAMES R.	76 NAME	
STREET ADDRESS	9075 COVE AVENUE	77 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	78 CITY-ST-ZIP	
71	D	75	☐ Change ☐ Addition
NAME	FILLINGIM, BEN L.	76 NAME	
STREET ADDRESS	6400 W. FAIRFIELD DR.	77 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	78 CITY-ST-ZIP	
71	D	75	☐ Change ☐ Addition
NAME	HOLLOWAY, JOHN	76 NAME	
STREET ADDRESS	108 BARATARA	77 STREET ADDRESS	
CITY-ST-ZIP	CHICKASAW AL	78 CITY-ST-ZIP	
71	D	75	☐ Change ☐ Addition
NAME	HALEY, HARRY	76 NAME	
STREET ADDRESS	7910 BEAVER CIRCLE DR.	77 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	78 CITY-ST-ZIP	
71	P	75	☐ Change ☐ Addition
NAME	HUGHES, HENRY L.	76 NAME	
STREET ADDRESS	2449 PINTO CIRCLE	77 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	78 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 above, if I am not an officer or director listed.

James R Holloway Secretary

SIGNATURE: *James R. Holloway* 4/28/95 904 476 4492

SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone Number

0390253 CP