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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 628734 (6)

1. Corporation Name
THE EXCELSIOR GROUP, INC.

Principal Place of Business Mailing Address

10190 BOWMAN AVE. PENSACOLA FL 32534 **10190 BOWMAN AVE. PENSACOLA FL 32534**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/05/1979		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-1977408		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Deared <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent

**HUGGINS, EDITH B.
10190 BOWMAN AVE.
PENSACOLA FL 32534**

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 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 _____ DATE _____
Signature typed or printed name of registered agent and filer (applicant) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGGINS, EDITH B.	2. NAME	
STREET ADDRESS	10190 BOWMAN AVE	3. STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL 32534	4. CITY, ST, ZIP	
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGGINS, EDITH B.	22. NAME	
STREET ADDRESS	10190 BOWMAN AVE	23. STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL 32534	24. CITY, ST, ZIP	
TITLE	VD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, ELAINE H.	32. NAME	
STREET ADDRESS	9970 BOWMAN AVE.	33. STREET ADDRESS	
CITY, ST, ZIP	PENSACOLA FL 32534	34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. 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 119.07(3)(b), Florida Statutes. I further certify that the information contained 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 as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EDITH B. HUGGINS

4/18/95 (904) 478-7544