

ANNUAL REPORT
1995Division of Corporations
Secretary of State

FILED

95 MAY -1 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01935

(8)

1. Corporation Name

USA GROUP, INC.

Principal Place of Business

1209 44TH AVENUE E.
BRADENTON FL 34203

Mailing Address

1209 44TH AVENUE E.
BRADENTON FL 34203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/16/1980

3a. Date of Last Report

05/17/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

59-1890325

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

GLASGOW, LOYD H.
1209 44TH AVENUE E.
BRADENTON FL 34203

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME GLASGOW, LOYD H.
STREET ADDRESS 4608 HWY. 41 NORTH
CITY-ST-ZIP PALMETTO FLTITLE VB
NAME GLASGOW, L.H.
STREET ADDRESS 815 46TH ST. CT., EAST
CITY-ST-ZIP PALMETTO FLTITLE D
NAME SAMUELS, W.F.
STREET ADDRESS 4305 MORGAN JOHNSON
CITY-ST-ZIP BRADENTON FLTITLE STD
NAME OAKES, L.W.
STREET ADDRESS 4005-62ND STREET, E.
CITY-ST-ZIP BRADENTON FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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-ZIP2.1 TITLE ☒ Change ☐ Addition
2.2 NAME GLASGOW, MICHAEL S.
2.3 STREET ADDRESS 719 46TH ST CRT EAST
2.4 CITY-ST-ZIP PALMETTO, FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☒ Change ☐ Addition
4.2 NAME S
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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)(k), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

LW Oakes SECRETARY

4/18/95

941/756-877