

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F77533 (0)

1. Corporation Name

GROUP 5 & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

900 N. W. 8TH AVENUE
GAINESVILLE FL 32601-0806

1240 NW 11TH AVE
SUITE B
GAINESVILLE FL 32601
US

3. Date Incorporated or Qualified

04/23/1982

3a. Date of Last Report

01/27/1995

4. FEI Number

59-2176641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

2a. Mailing Address

21 1240 NW 11th AVE.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27

City & State

City & State

23 GAINESVILLE FL

28

Zip

Country

Zip

Country

24 32601-4146

25 ALABAMA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENNY, MARSHA L.
900 N. W. 8TH AVENUE
GAINESVILLE FL 32601-0806

81 Name

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

1240 NW 11th AVE.

83

SUITE B

84

City GAINESVILLE

FL

85 Zip Code
32601

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, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ST ☒ DELETE
NAME AKIN, JUANITA L.
STREET ADDRESS 900 N. W. 8TH AVENUE
CITY-STATE-ZIP GAINESVILLE, FL 00000

1.1 TITLE ST ☐ Change ☒ Addition
1.2 NAME SUZANNE BACHUS
1.3 STREET ADDRESS 1240 NW 11th AVE.
1.4 CITY-STATE-ZIP GAINESVILLE FL 32601

TITLE P ☐ DELETE
NAME DENNY, MARSHA L.
STREET ADDRESS 900 N. W. 8TH AVENUE
CITY-STATE-ZIP GAINESVILLE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1240 NW 11th AVE.
2.4 CITY-STATE-ZIP GAINESVILLE FL 32601

TITLE VP ☐ DELETE
NAME CHANCE, MARY L.
STREET ADDRESS 900 N. W. 8TH AVENUE
CITY-STATE-ZIP GAINESVILLE FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1240 NW 11th AVE.
3.4 CITY-STATE-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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:

Marsha Denny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHA DENNY

2/19/9

352-377-1338
Date Daytime Phone #

CR2E034 (12/95)