

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 06, 1999 8:00 am
Secretary of State

08-06-1999 90001 029 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000956

1. Corporation Name

NATIONAL BUSINESS GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3290 CUMBERLAND CLUB DRIVE
STE 100
ATLANTA GA 30339
US

Mailing Address
3290 CUMBERLAND CLUB DRIVE
STE 100
ATLANTA GA 30339
US

3. Date Incorporated or Qualified

12/10/1992

4. FEI Number

58-1744723

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 owes the current year
Intangible Personal Property. ☐ Yes ☐ 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

24 Country

27 Zip

28 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARBER, ROBERT JASON
777 S. HARBOR ISLAND BLVD
SUITE 210
TAMPA FL 33602**

81 Name

CARR, FRANK J.

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

777 S HARBOR ISLAND BLVD

83

SUITE 210

84 City

TAMPA

FL

85 Zip Code
33602

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 **Frank J. Carr**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PCD**
STREET ADDRESS **BASICH, RICHARD A**
CITY-ST-ZIP **3396 COLHISE DR.
ATLANTA GA 30339**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **MALONE, JEFF**
CITY-ST-ZIP **1158 WARD CREEK DR.
MARIETTA GA 30064**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SVCD**
STREET ADDRESS **BASICH, TIMOTHY**
CITY-ST-ZIP **1613 DEFOORS WALK
ATLANTA GA 30318**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MURRY, MICHAEL**
CITY-ST-ZIP **11875 WATERVILLE
WHITE HOUSE OH 43571**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature Required

7-29-99

Date

Daytime Phone #

CR2E034 (5/99)