

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # H13865

(1)

95 FEB 13 AM 11:38

1. Corporation Name

FIN GROUP, INC.

Principal Place of Business

**6360-1 PRESIDENTIAL COURT
FT. MYERS FL 33919**

Mailing Address

**6360-1 PRESIDENTIAL COURT
FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/25/1984** 3a. Date of Last Report **02/04/1994**

4. FEI Number **59-2429601** 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

21 **10501 SIX MILE CYPRESS PKY**

2a. Mailing Address

26 **Suite 107**

Suite, Apt. #, etc.

22 **Suite 107**

Suite, Apt. #, etc.

27 **Suite 107**

City & State

23 **FT. MYERS FL**

City & State

28 **FT. MYERS FL**

Zip

24 **33912-6400**

Country

25 **USA**

Zip

29 **33912-6400**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**STATES. JOHN E.
6360-1 PRESIDENTIAL COURT
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 not if applicable.

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	STATES. JOHN E.
STREET ADDRESS	6360-1 PRESIDENTIAL CT.
CITY-ST-ZIP	FORT MYERS FL
TITLE	VP
NAME	BARRY, WARREN T.
STREET ADDRESS	6360-1 PRESIDENTIAL CT.
CITY-ST-ZIP	FT. MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	10501 SIX MILE CYPRESS PKY #107
1.4 CITY-ST-ZIP	33912-6400
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	10501 SIX MILE CYPRESS PKY #107
2.4 CITY-ST-ZIP	33912-6400
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 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 119.02(3)(b), 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 in this report, or both, in this report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Signature Printed