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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J31850

(7)

1. Corporation Name

THE SSI GROUP, INC.

Principal Place of Business

18337 US HIGHWAY 19
SUITE 100
CLEARWATER FL 34624
US

Mailing Address

1551 OLD SHELL RD
MOBILE AL 36604-1354
US



3. Date Incorporated or Qualified

09/05/1986

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 193210 US Hwy 19n

Suite, Apt. #, etc.

22 Ste. 130

City & State

23 Clearwater, FL

24 Zip 34624

Country US

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2715634

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, CELIA A.	1.2 NAME	
STREET ADDRESS	3715 DAUPHIN ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	1.4 CITY - ST - ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH STORT	2.2 NAME	
STREET ADDRESS	1551 OLD SHELL RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	2.4 CITY - ST - ZIP	
TITLE	PS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BOBBY E.	3.2 NAME	
STREET ADDRESS	3715 DAUPHIN ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZOLATO, RICHARD	4.2 NAME	
STREET ADDRESS	3715 DAUPHIN ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN SIMMONS	5.2 NAME	
STREET ADDRESS	400 FIRST AMERICAN CENTER	5.3 STREET ADDRESS	
CITY - ST - ZIP	NASHVILLE TN	5.4 CITY - ST - ZIP	
TITLE	PCFO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBBY E. SMITH	6.2 NAME	
STREET ADDRESS	1551 OLD SHELL RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	MOBILE AL	6.4 CITY - ST - ZIP	

14. I do 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:

Bobby E. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bobby E. Smith 4/30/97 (334)432-3032

Date Daytime Phone #

CR2E034 (9/96)