

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 # J80377

(1)

1. Corporation Name

FLAMBOROUGH GROUP, INC.



Principal Place of Business

6237 PRESIDENTIAL CT.
#126
FT MYERS FL 33919
US

Mailing Address

6237 PRESIDENTIAL CT.
#126
FT MYERS FL 33919
US

3. Date Incorporated or Qualified

06/30/1987

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 6360 PRESIDENTIAL CT.

26 6360 PRESIDENTIAL CT.

4. FEI Number

65-0087452

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4-B

27 4-B

City & State

City & State

23 FT. MYERS, FL

28 FT. MYERS, FL

Zip Country

29 33919 30 LEE

24 33919

25 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEWAARD, JOHN
6237 PRESIDENTIAL CT.
#126
FT MYERS FL 33919

81 Name

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

6360 PRESIDENTIAL CT.

83 4-B

84 City

FT. MYERS

FL

85 Zip Code
33919

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 then applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VOORTMAN, WILLIAM	
STREET ADDRESS	940 HWY 5 DUNDAS	
CITY-ST-ZIP	ONTARIO, CD	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DEWAARD, JOHN	
STREET ADDRESS	940 HWY 5 DUNDAS	
CITY-ST-ZIP	ONTARIO, CD	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HUTTEN, PATRICIA	
STREET ADDRESS	940 HWY 5 DUNDAS	
CITY-ST-ZIP	ONTARIO, CD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

WILLIAM VOORTMAN

NAME TYPED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

(941) 489-2200

CR2E034 (12/95)