FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J81271 (5)

1. Corporate Name
SMALL BUSINESS GROUP, INC.

Principal Place of Business
1804 UNIVERSITY BLVD., W.
JACKSONVILLE FL 32217

Mailing Address
1804 UNIVERSITY BLVD., W.
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/07/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2824803 — 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. Does corporation have any outstanding bonds issued in Florida? [X] Yes [ ] No

2. Principal Place of Business: 21 — City, State: 22 — Zip: 23 — County: 24 — Country: 25
2a. Mailing Address: 26 — City, State: 27 — Zip: 28 — County: 29 — Country: 30

9. Name and Address of Current Registered Agent
WOLF, WAYNE A.
3733 UNIVERSITY BLVD. WEST
SUITE 106
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of section 607.0505, Florida Statutes, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS

	DP
NAME	WILLIAMS, JOHN V.R.
	1804 UNIVERSITY BLVD W
	JACKSONVILLE FL 32217
	DST
NAME	WILLIAMS, JUDITH P.
	1804 UNIVERSITY BLVD W
	JACKSONVILLE FL 32217

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS — Change / Add

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same force and 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 Florida Statutes; and that my name appears above, or on an attached exhibit, as an officer or director of the corporation or a receiver or trustee as defined in Florida Statutes.

SIGNATURE: X Judith P. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR
JUDITH P. WILLIAMS

4/26/95 904 731 2221
DATE TELEPHONE NUMBER

0010015 CP