FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

CHY SI-ZE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997 **DOCUMENT #** J81271 (5) SMALL BUSINESS GROUP, INC. Principal Place of Business Mailing Address 1804 UNIVERSITY BLVD., W. 1804 UNIVERSITY BLVD., W. JACKSONVILLE FL 32217 JACKSONVILLE FL 32217-2012 3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1987 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2824803 26 Not Applicable 21 Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for inlangible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WOLF. WAYNE A. 81 3733 UNIVERSITY BLVD. WEST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 106 JACKSONVILLE FL 32217 83 City RA 85 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. Fram familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signariae (gradio) printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 96/6 DELETE Change Addition 1 1 TITLE Till:F WILLIAMS, JOHN V.R. NAME 1.2 NAME 1804 UNIVERSITY BLVD W 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP COY-ST 2IP DELETE DELE 2.1 TITLE ☐ Change Addition WILLIAMS, JUDITH P. 2.2 NAME NAV: 1804 UNIVERSITY BLVD W 23 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY ST-72 DELETE Change L Addition DILE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CHY-ST-ZIP COY ST-ZIF DELETE 4 1 TITLE ☐ Change Addition DITE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST ZIF 4.4 CITY-ST-ZIP DELETE Addition Change THE 51 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-\$1-20 5.4 CITY - ST - ZIP DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS

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:

| SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR
| Dayline Phone | Dayline

64 CITY - ST-ZIP