

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 27 1998 8:00am
Secretary of State

DOCUMENT # **K19984** (9)
1. Corporation Name
SEPTEMBER GROUP, INC.



Principal Place of Business
**7050 SAMMS AVE.
P.O. BOX 291067
PORT ORANGE FL 32129**

Mailing Address
**7050 SAMMS AVE.
P.O. BOX 291067
PORT ORANGE FL 32129**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/01/1988

4. FEI Number
59-2882557

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **2922 Sea Oats Circle**
Suite, Apt. #, etc.

22 **Daytona Beach Shores, FL**
City & State

23 **32118** **USA**
Zip Country

2a. Mailing Address

26 **2922 Sea Oats Circle**
Suite, Apt. #, etc.

27 **Daytona Beach Shores, FL**
City & State

28 **32118** **USA**
Zip Country

9. Name and Address of Current Registered Agent

**JOHNSON, VERN
4525 G ATLANTIC AVENUE
SUITE 1503
PONCE INLET FL 32127**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2922 Sea Oats Circle
83
84 City **Daytona Beach Shores FL** 85 Zip Code **32118**

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

2/21/98
DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **JOHNSON, VERNON A.**
STREET ADDRESS **4525 G ATLANTIC AVENUE, #1503**
CITY-ST-ZIP **PONCE INLET FL**

TITLE **DD** ☐ DELETE
NAME **JOHNSON, LINDA**
STREET ADDRESS **4525 G ATLANTIC AVENUE, #1503**
CITY-ST-ZIP **PONCE INLET FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Johnson, Vernon A.**
1.3 STREET ADDRESS **2922 Sea Oats Circle**
1.4 CITY-ST-ZIP **Daytona Beach Shores, FL 32118**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **Johnson, Linda**
2.3 STREET ADDRESS **2922 Sea Oats Circle**
2.4 CITY-ST-ZIP **Daytona Beach Shores, FL 32118**

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 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 **Linda Johnson 02/21/98 (904) 67-6373**

CR2E034 (10/97)