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May 09 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 # L11010 (0)
1. Corporation Name
S-GROUP PROPERTIES, INC.



Principal Place of Business Mailing Address
C/O BETTIE JUDD STEVENS C/O BETTIE JUDD STEVENS
1604 EAST OAK STREET 1604 EAST OAK STREET
ARCADIA FL 33821 ARCADIA FL 34266-8922

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 2115 SE HWY 70 27 2115 SE HWY 70
City & State City & State
23 ARCADIA FL 28 ARCADIA FL
Zip Country Zip Country
24 34266 25 USA 29 34266 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
08/21/1989 06/18/1996
4. FEI Number Applied For
65-0145366 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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 10. Name and Address of New Registered Agent
STEVENS, BETTIE JUDD 81 Name
1604 EAST OAK STREET 82 Street Address (P.O. Box Number is Not Acceptable)
ARCADIA FL 33821 83
84 City 85 Zip Code FL

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 imposed by, Sections 607.0505, Florida Statutes.
SIGNATURE *Bettie Judd Stevens* 4/27/97
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 D ☒ DELETE 1.1 TITLE ☐ Change ☐ Addition
NAME STEVENS, THOMAS R. 1.2 NAME
STREET ADDRESS ROUTE 7, BOX 279 1.3 STREET ADDRESS
CITY-ST-ZIP ARCADIA FL 1.4 CITY-ST-ZIP
TITLE D ☐ DELETE 2.1 TITLE ☐ Change ☐ Addition
NAME STEVENS, BETTIE JUDD 2.2 NAME
STREET ADDRESS ROUTE 7, BOX 279 2.3 STREET ADDRESS 2683 NW STEVENS ST
CITY-ST-ZIP ARCADIA FL 2.4 CITY-ST-ZIP ARCADIA, FL. 34266
TITLE D ☐ DELETE 3.1 TITLE ☐ Change ☐ Addition
NAME STEVENS, THOMAS RICHARD 3.2 NAME
STREET ADDRESS ROUTE 7, BOX 278M 3.3 STREET ADDRESS 2673 NW STEVENS ST
CITY-ST-ZIP ARCADIA FL 3.4 CITY-ST-ZIP ARCADIA, FL. 34266
TITLE D ☐ DELETE 4.1 TITLE ☐ Change ☐ Addition
NAME STEVENS, ALBERT J. 4.2 NAME
STREET ADDRESS ROUTE 7, BOX 278X 4.3 STREET ADDRESS 2663 NW STEVENS ST
CITY-ST-ZIP ARCADIA FL 4.4 CITY-ST-ZIP ARCADIA, FL. 34266
TITLE ☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE 6.2 NAME
STREET ADDRESS
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 checked on or as an attachment with an address.

SIGNATURE *[Signature]* 4/28/97 (941) 494-7440

CR2E034 (9/96)