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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:02

DOCUMENT # L38170 (1)

1. Corporation Name
GROUP IV OF FORT MYERS, INC.

Principal Place of Business	Mailing Address
C/O THOMAS F RIZZO 2340 PERIWINKLE WAY STE J2 SANIBEL FL 33957 US	C/O THOMAS F RIZZO 2340 PERIWINKLE WAY STE J2 SANIBEL FL 33957 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1989
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0189015 ☐ 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

9. Name and Address of Current Registered Agent

RIZZO, THOMAS F
2340 PERIWINKLE WAY STE J2
SUITE A
SANIBEL FL 33957

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(s) 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: _____ DATE
(If changing Registered Agent, New Registered Agent must sign above) (If changing Registered Agent, Agent must sign above)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	JOBE, RODNEY J	12 NAME	
STREET ADDRESS	2340 PERIWINKLE WAY STE J2	13 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LEAR, JOSEPH M	22 NAME	
STREET ADDRESS	1251 ANHINGA LANE	23 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	24 CITY-ST-ZIP	
~~TITLE~~	~~S~~	31 TITLE	☐ Change ☐ Addition
~~NAME~~	~~WILLIAMS, NORMAN L~~	32 NAME	
~~STREET ADDRESS~~	~~2340 PERIWINKLE WAY STE J2~~	33 STREET ADDRESS	
~~CITY-ST-ZIP~~	~~SANIBEL FL~~	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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: Joseph M. Lear 3/9/95 813-395-1460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

033076 CP