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 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L79319** **(4)**

1. Corporation Name
TOMPKINS GROUP, INC.

Principal Place of Business	Mailing Address
2256 WINTER WOODS BLVD. WINTER PARK FL 32792	2256 WINTER WOODS BLVD. WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/11/1990
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business	2a. Mailing Address
21 2250 WINTER WOODS BLVD	26 2250 WINTER WOODS BLVD.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 WINTER PARK	City & State 28 WINTER PARK, FL
Zip 24 32792 County 25 SEMINOLE	Zip 29 32792 County 30 SEMINOLE

4. FEI Number: 59-3035613 ☐ 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 qualify for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VOLENCE, AMANDA T.
2256 WINTER WOODS BLVD.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 ~~2250 WINTER WOODS BLVD.~~
WINTER PARK, FL 32792
84 City FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, DEREK W.	12 NAME	
STREET ADDRESS	2249 TAMERINE STREET	13 STREET ADDRESS	300001474363
CITY ST ZIP	WINTER PARK FL	14 CITY ST ZIP	-05/03/95 --01171--010 ****200.00 ****200.00
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	TOMPKINS, KEVIN W.	22 NAME	
STREET ADDRESS	2249 TAMERINE STREET	23 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	24 CITY ST ZIP	
TITLE	TSD	31 TITLE	☒ Change ☐ Addition
NAME	VOLENCE, AMANDA T.	32 NAME	
STREET ADDRESS	2256 WINTER WOODS BLVD.	33 STREET ADDRESS	2250 WINTER WOODS BLVD.
CITY ST ZIP	WINTER PARK FL	34 CITY ST ZIP	WINTER PARK, FL 32792
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	

5/1/95 MS

14. I do 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: Amanda J Volence Treas. 4/20/95 (407) 678-7442
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047888 CF