

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90095 014 ***150.00

DOCUMENT # L79319

1. Corporation Name
TOMPKINS GROUP, INC.

Principal Place of Business
2308 WINTER WOODS BLVD.
WINTER PARK FL 32792

Mailing Address
2308 WINTER WOODS BLVD.
WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1990

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

VOLENCE, AMANDA T.
2308 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

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

Amanda T. Volence
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME TOMPKINS, DEREK W.
STREET ADDRESS 2249 TAMERINE STREET
CITY-ST-ZIP WINTER PARK FL

TITLE VPD ☐ DELETE
NAME TOMPKINS, KEVIN W.
STREET ADDRESS 2249 TAMERINE STREET
CITY-ST-ZIP WINTER PARK FL

TITLE TSD ☐ DELETE
NAME VOLENCE, AMANDA T.
STREET ADDRESS 2308 WINTER WOODS BLVD.
CITY-ST-ZIP WINTER PARK FL 32792

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE VPTD ☒ Change ☐ Addition
2.2 NAME TOMPKINS, KEVIN W.
2.3 STREET ADDRESS 1708 CINNAMON CIRCLE
2.4 CITY-ST-ZIP CASSELBERRY, FL 32707

3.1 TITLE PSD ☒ Change ☐ Addition
3.2 NAME VOLENCE, AMANDA T.
3.3 STREET ADDRESS 2308 WINTER WOODS BLVD.
3.4 CITY-ST-ZIP WINTER PARK, FL 32792

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 with all other like empowered.

SIGNATURE:

Amanda T. Volence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

Daytime Phone #

1407/678-7443

CR2E034 (11/98)

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