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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N20153 (5)

1. Corporation Name

FLORIDA REGIONAL GROUP, INC., BLINDED VETERANS ASSOCIATION

Principal Place of Business	Mailing Address
3801 COCO GROVE AVENUE MIAMI FL 33133	3801 COCO GROVE AVENUE MIAMI FL 33133-6119

3. Date Incorporated or Qualified: 04/15/1987
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-6166948 ☐ 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

STOCKING, GEORGE E.
3801 COCO GROVE AVENUE
MIAMI FL 33133

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: George E Stocking 3/31/97
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	P	☐ DELETE	1.1 TITLE	1557 Henry Blair Lane	☐ Change ☑ Addition
NAME	MARTIN, EUGENE		1.2 NAME		
STREET ADDRESS	PO BOX 851 (N/A)*		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL 34430		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LARKIN, PETER		2.2 NAME		
STREET ADDRESS	BOB'S LANDING #2		2.3 STREET ADDRESS		
CITY-ST-ZIP	BABSON PARK FL 33827		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STOCKING, GEORGE		3.2 NAME		
STREET ADDRESS	3801 COCO GROVE AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, JAMES		4.2 NAME		
STREET ADDRESS	1250 NORTH PEARL STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW FL 32536		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLOUGHBY, HARRY		5.2 NAME		
STREET ADDRESS	7635 DARLINGTON ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY FL 34690		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUCAN, CHARLES		6.2 NAME		
STREET ADDRESS	5883 WYLDEWOOD LAKES C		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George E Stocking SIGNATURE REQUIRED 3/31/97 324-4455 X 3604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004757