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May 10, 1999 8:00 am
Secretary of State
05-10-1999 90220 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N20153

1. Corporation Name
FLORIDA REGIONAL GROUP, INC., BLINDED VETERANS A SSOCIATION

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

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

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

3. Date Incorporated or Qualifed
04/15/1987

4. FEI Number
59-6166948
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 N/A
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
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	☐ Change ☐ Addition
NAME	LARKIN, PETER		1.2 NAME	
STREET ADDRESS	~~BOB'S LANDING #2~~ 930 N. TAMIAMI TRAIL APT 708		1.3 STREET ADDRESS	
CITY-ST-ZIP	~~BABSON PARK FL 33827~~ SARASOTA, FL 34236		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, CHARLES		2.2 NAME	
STREET ADDRESS	5883 WYLDEWOOD LAKES CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919		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	CALISSI, RICK		4.2 NAME	
STREET ADDRESS	4545 SE 62 ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	YAGEL, FRANK		5.2 NAME	
STREET ADDRESS	1000 WALKER STREET LOT 13		5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32117		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KING, TERRY		6.2 NAME	
STREET ADDRESS	~~12000 EAGLE RD~~ 1239 SW 2ND PLACE		6.3 STREET ADDRESS	
CITY-ST-ZIP	~~CAPE CORAL FL 33909~~ CAPE CORAL FL 33914		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 617, 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: SIGNATURE REQUIRED 4/30/99 305-324-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #