

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:09

DOCUMENT # N38693 (0)

1. Corporation Name

DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.

Principal Place of Business

Mailing Address

224 SW HOLLYWOOD BLVD
STE 7
FT. WALTON BEACH FL 32549
US

C/O NORMAN C. STANLEY
P O BOX 638
FT. WALTON BEACH FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1990 3a. Date of Last Report 03/30/1994

4. FBI Number 59-3048303 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

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STANLEY, NORMAN C.
24 SW HOLLYWOOD BLVD
SUITE 7
FORT WALTON BEACH FL 32548

81 Name FREEMAN, BILLY D.
82 Street Address (P.O. Box Number is Not Acceptable) 24 SW HOLLYWOOD BLVD
83 SUITE 7
84 City FORT WALTON BEACH FL 85 Zip Code 32548

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 *Billy D. Freeman*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

3-8-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	STANLEY, NORMAN C.
STREET ADDRESS	35 MAPLE AVE.
CITY-ST-ZIP	SHALIMAR FL
TITLE	TD
NAME	LESTER, LINDA A
STREET ADDRESS	813 WAGON WHEEL RD
CITY-ST-ZIP	FT WALTON BCH FL
TITLE	SD
NAME	HESTER, JOYCE
STREET ADDRESS	814 TARPON DR
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	FREEMAN, BILLY D.	
1.3 STREET ADDRESS	405 FLORIDA ST.	
1.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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)(k), 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 by an attachment with an address.

SIGNATURE: *Billy D. Freeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-95 (104) 244-2421

Date (Mailing Time)