

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N38693 (0)

1. Corporation Name

DISTRICT 14 INTERGROUP/CENTRAL OFFICE, INC.



Principal Place of Business

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

Mailing Address

C/O NORMAN C. STANLEY
P O BOX 838
FT. WALTON BEACH FL 32549

3. Date Incorporated or Qualified
06/20/1990

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 24 SW HOLLYWOOD BLVD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 7

27

City & State

City & State

23 FT WALTON BEACH FL

28

Zip

Country

Zip

Country

24 32549

25

US

29

30

4. FEI 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, BILLY D.
24 SW HOLLYWOOD BLVD
SUITE 7
FORT WALTON BEACH FL 32548

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

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 PD ☐ DELETE
NAME FREEMAN, BILLY D.
STREET ADDRESS 405 FLORIDA ST.
CITY-ST-ZIP NICEVILLE FL

11 TITLE ☐ Change ☐ Addition

TITLE TD ☐ DELETE
NAME LESTER, LINDA A
STREET ADDRESS 813 WAGON WHEEL RD
CITY-ST-ZIP FT WALTON BCH FL

12 NAME ☐ Change ☐ Addition

TITLE SD ☒ DELETE
NAME HESTER, JOYCE
STREET ADDRESS 814 TARPON DR
CITY-ST-ZIP FT. WALTON BEACH FL

13 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

14 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☒ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

BILLY D. FREEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96

Date

(904) 244-2421

Daytime Phone #

CR2E037 (12/95)