

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000002142 (4)

1. Corporation Name

THE INTERVENTION GROUP INC.



Principal Place of Business

Mailing Address

P.O. BOX 17391
PENSACOLA FL 32522-7391

P.O. BOX 17391
PENSACOLA FL 32522-7391

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

593443657

Applied For

Not Applicable

2. Principal Place of Business

21 15 W Strong St.

Suite, Apt. #, etc.

22 29-B

City & State

23 Pensacola

Zip

24 FL

Country

2a. Mailing Address

25 15 W. Strong Street

Suite, Apt. #, etc.

27 29-B

City & State

28 Pensacola, FL

Zip

29 32501

Country

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, GROVER C II
4607 SKYLINE DR.
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name Grover C. Brown

82 Street Address (P.O. Box Number Is Not Acceptable)
15 W. Strong St

83 Suite 29 B

84 City Pensacola

FL

85 Zip Code 32501

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Grover C. Brown Jr.

GROVER C. BROWN JR.

5-1-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS SMS, ANTHONY D
CITY-ST-ZIP 2002 FILLY ROAD
CANTONMENT FL 32533

TITLE ☐ DELETE

NAME D
STREET ADDRESS BROWN, GROVER C II
CITY-ST-ZIP 4607 SKYLINE DR.
PENSACOLA FL 32503

TITLE ☒ DELETE

NAME D
STREET ADDRESS CHISOLM, JEROME
CITY-ST-ZIP 1790 BRINKLEY ROAD
NAVARRE FL 32568

TITLE ☒ DELETE

NAME D
STREET ADDRESS BURNETT, MELVIN
CITY-ST-ZIP 207 FAIRFAX DR.
PENSACOLA FL 32503

TITLE ☐ DELETE

NAME D
STREET ADDRESS MAY, LUMAN
CITY-ST-ZIP 6325 FERGUSON DR.
PENSACOLA FL 32503

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 ☐ 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 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:

Anthony D. Sims 5/1/98 1000932-0596

CR2E037 (10/97)