

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000002142

1. Corporation Name

THE INTERVENTION GROUP INC.

Principal Place of Business

15 W STRONG STREET
STE 29-B
PENSACOLA FL 32501
US

Mailing Address

15 W STRONG STREET
STE 29-B
PENSACOLA FL 32501
US

2. Principal Place of Business

21 1805 N. 6th Ave

Suite, Apt. #, etc.

22

23 Pensacola FL

Zip Country

24 32503 25 Escambia

2a. Mailing Address

26 1805 N. 6th Ave

Suite, Apt. #, etc.

27

28 Pensacola FL

Zip Country

29 32503 30 Escambia

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

59-3443657

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

9. Name and Address of Current Registered Agent

BROWN, GROVER C
15 W STRONG STREET, STE 29-B
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name GROVER C. BROWN

82 Street Address (P.O. Box Number is Not Acceptable)

1805 N. 6th Ave

83

84 Pensacola

FL

85 Zip Code
32503

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

Grover C Brown

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

(NOTE: Registered Agent signature required when reinstating)

8/20/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Anthony D Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/99 (850) 435-3263

Date

Daytime Phone #

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90002 002 ****70.00



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