# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 AM 11:37

DOCUMENT # P14105 (1)

1. Corporation Name
TOMPKINS INVESTMENT GROUP INCORPORATED

Principal Place of Business
108 PARK PLACE BLVD.
KISSIMMEE FL 34741

Mailing Address
~~108 PARK PLACE BLVD.~~
~~KISSIMMEE FL 34741~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1987
3a. Date of Last Report: 06/06/1994

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

2a. Mailing Address
26 200 S. Orange Ave.
Suite, Apt. #, etc.
27 Suite 2300
City & State
28 Orlando, FL
Zip 29 32801 Country 30

4. FEI Number: 59-2786685 ☐ 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

~~LANIUS, WILLIAM R.~~
~~108 PARK PLACE BLVD.~~
~~KISSIMMEE FL 34741~~

10. Name and Address of New Registered Agent

81 Name: A.G.C. Co.
82 Street Address (P.O. Box Number is Not Acceptable): 200 S. Orange Ave.
83 Suite 2300
84 City: Orlando FL 85 Zip Code: 32801

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 A.G.C. Co. By: G. Thomas Ball, Vice President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 2-8-95

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | ~~V~~ |
| NAME | ~~LANIUS, WILLIAM R~~ |
| STREET ADDRESS | ~~108 PARK PLACE BLVD~~ |
| CITY-ST-ZIP | ~~KISSIMMEE FL~~ |
| TITLE | V |
| NAME | EZZARD, MARK |
| STREET ADDRESS | 108 PARK PLACE BLVD. |
| CITY-ST-ZIP | KISSIMMEE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | Change | Addition |
|---|---|---|---|
| 11 TITLE | Vice President | ☐ | X |
| 12 NAME | GLANCE, GEORGE O., III | | |
| 13 STREET ADDRESS | 108 Park Place Boulevard | | |
| 14 CITY-ST-ZIP | Kissimmee, Florida 34741 | | |
| 21 TITLE | Vice President | ☐ | X |
| 22 NAME | LAWSON, BETTY B. | | |
| 23 STREET ADDRESS | 108 Park Place Boulevard | | |
| 24 CITY-ST-ZIP | Kissimmee, Florida 34741 | | |
| 31 TITLE | Vice President | ☐ | X |
| 32 NAME | MELCHIOR, WILLIAM G. | | |
| 33 STREET ADDRESS | 108 Park Place Boulevard | | |
| 34 CITY-ST-ZIP | Kissimmee, Florida 34741 | | |
| 41 TITLE | Secretary | ☐ | X |
| 42 NAME | DEETZ, JEAN M. | | |
| 43 STREET ADDRESS | 108 Park Place Boulevard | | |
| 44 CITY-ST-ZIP | Kissimmee, Florida 34741 | | |
| 51 TITLE | Executive Vice President | X | ☐ |
| 52 NAME | EZZARD, MARK | | |
| 53 STREET ADDRESS | 108 Park Place Boulevard | | |
| 54 CITY-ST-ZIP | Kissimmee, Florida 34741 | | |
| 61 TITLE | | ☐ | ☐ |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Ezzard, Executive Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 1995 (407)846-4130
Date Daytime Phone #

0374033 CP