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 FEB -6 PM 3:25

DOCUMENT # **P39421** **(3)**

1. Corporation Name
AUTOMATED GROUP ADMINISTRATION, INC.

Principal Place of Business
2270 LAKE AVE., SUITE 130
FT. WAYNE IN 46805

Mailing Address
2270 LAKE AVE., SUITE 130
FT. WAYNE IN 46805

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/25/1992**
3a. Date of Last Report: **02/02/1994**

21 2. Principal Place of Business
26 2a. Mailing Address: P.O. Box 15568
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
23 City & State
28 City & State: FORT Wayne, IN
24 Zip
25 Country
29 Zip: 46805
30 Country: Allen

4. FEI Number: **35-1802248** ☐ 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

MILSTEAD, JERRY
399 E. LAKE DR.
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

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 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 _____ NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	11 TITLE		☐ Change ☐ Addition
NAME	WARD, GREGORY E.	12 NAME		
STREET ADDRESS	2270 LAKE AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	FT. WAYNE IN	14 CITY-ST-ZIP		
TITLE	DVC	21 TITLE		☐ Change ☐ Addition
NAME	SELBY, PAUL E.	22 NAME		
STREET ADDRESS	2270 LAKE AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	FT. WAYNE IN	24 CITY-ST-ZIP		
TITLE	DVP	31 TITLE		☐ Change ☐ Addition
NAME	LUZADDER, CAROLYN	32 NAME		
STREET ADDRESS	2270 LAKE AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	FT. WAYNE IN	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WARD, DAVID R.	42 NAME		
STREET ADDRESS	2270 LAKE AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	FT. WAYNE IN	44 CITY-ST-ZIP		
TITLE	ST	51 TITLE		☐ Change ☐ Addition
NAME	SELBY, PAUL E.	52 NAME		
STREET ADDRESS	2270 LAKE AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	FT. WAYNE IN	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul E Selby PAUL E. SELBY 1/26/95 (219) 424-0383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486710 FN