

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90107 043 ***158.75

DOCUMENT # P93000001269

1. Corporation Name

INTEGRA FINANCIAL GROUP, INC.



Principal Place of Business

6325 PRESIDENTIAL CT SW
STE 1B
FT MYERS FL 33919
US

Mailing Address

~~PO BOX 07340~~
~~FT MYERS FL 33919~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1993

4. FEI Number

65-0379945

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CHRISTOPHER, GARY
6325 PRESIDENTIAL CT SW
STE 1B
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name **JOSEPHINE A. CHRISTOPHER**
82 Street Address (P.O. Box Number is Not Acceptable)
14901 PARK LAKE DRIVE
83 **#PH1**
84 City **FORT MYERS** 85 **FL** 86 Zip Code **33919**

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

Josephine A. Christopher
Signature typed or printed name of registered agent and title if applicable

President/owner

1-29-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	CHRISTOPHER, GARY	8824 GENEVA ST	FT MYERS FL	<input checked="" type="checkbox"/>
	CHRISTOPHER, JOSEPHINE	8824 GENEVA ST	FT MYERS FL	<input type="checkbox"/>
	SIDNEY M TWEADY	11815 PINTAIL CT	NAPLES FL 34119	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	JOSEPHINE A. CHRISTOPHER	14901 PARK LAKE DRIVE #PH1	FORT MYERS, FL. 33919	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		14901 PARK LAKE DRIVE #PH1	FORT MYERS FL. 33919	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 607, 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: *Josephine A. Christopher* President, Secretary (941) 481-7800
Signature typed or printed name of signing officer or director & Treasurer Date 1-29-99 Daytime Phone #

CR2E034 (11/98)