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

DOCUMENT # P93000032155

REGROUP, INC.

Principal Place of Business 240 W. WASHINGTON ST.

2. Principal Place of Business

Suite, Apt. #, etc.

MONTICELLO FL 32344

21

Mailing Address

2a. Mailing Address

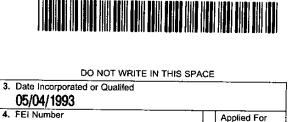
Suite, Apt. #, etc.

26

240 W. WASHINGTON ST. MONTICELLO FL 32344

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90054 021 ***150.00



59-3184022

22		27			5. Certificate of Status Desired Fee Required	
City & Sta		City & State		-	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Country 25	Zip 29 3	Countr 30	/	8. This corporation owes the current year Intangible Personal Property Tax. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32115-2491				Name Street A	Address (P.O. Box Number is Not Acceptable)	
				82 Street Address (P.O. Box Number is Not Acceptable) 83		
44 D			84		FL 85 Zip Code	
office or agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Florid	, the abov horized by la Statutes	e-named o the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered agent a		egistered Age	nt signature rec	equired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	SUMMITT, JACK	l l	1.2 NAME			
STREET ADDRESS	240 WEST WASHINGTON STREE	T	13 97000	ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32344	1				
TITLE		□ DELETE	1.4 CITY-S 2.1 TITLE	1-212		
NAME				}	☐ Change ☐ Addition	
STREET ADDRESS			2.2 NAME			
		İ	2.3 STREET	ADDRESS	,	
CITY-ST-ZIP TITLE			2. 4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	
i		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME	i		
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-S	r-zip		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME	ļ		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NIA BATT		J.	I		☐ Cualife ☐ Addition	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

2/2/59 (904)672-130/

☐ Change

Addition

CR2F034 (11/9

Not Applicable

\$8.75 Additional