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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996	
DOCUMENT	#

1. Corporation Name

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P93000062826 (1)

THE RED LION GROUP INC

1116	neo cior	v unc	JUP, INC.											Bi fara men ani ir	
Principal Place	e of Business	s		М	lailing Address										
6026 BRIDGEWATER CIR PONTE VEDRA BEACH FL 32062				P O BOX 2877 Ponte vedra Beach FL 32004 US											
											3. Date Incorporated or Qualified	3a. Date			
2. Principal Place of Business					, Mailing Address						09/03/1993 4. FEI Number	<u> </u>	5/19	/1995	
21			26	.,					;	59-3203189		-	Applied For		
Suite, Apt. #, etc.					Suite, Apt. #, etc.							-	40	Not Applicab)le
h	22									i	Certificate of Status Desired			.75 Additional	
City & State	€				City & State						6. Election Campaign Financing			5.00 May Be	
Zip		Co.	into.	28							Trust Fund Contribution		A	dded to Fees	
24	Country 25 29 9. Name and Address of Current Regi				Zip	3	Coun	itry			8. This corporation has liability for Florida Statutes Yes	intangible ta:	cunde	ors 199.032,	
	g, Name	and Ad	dress of Current	Regis	tered Agent						10. Name and Address of New F	egistered A	gent		
DADON	LLDADTIC	~~~ A.					18	81	N	ame					
BARON L BARTLETT PA 615 HIHWAY A1A						8	32	St	reet Address	s (P.O. Box Number is Not Acceptab	le)				
Suite 101 Ponte vedra Beach Fl 32082					E	33									
PONTE	VEDRA BE	EACH F	L 32082					34	Ci	tv.			т. т		
11 Purcuent t	a the project							- 1		,		FL	85	Zip Code	
rai Fillar Wit	ed agent, or h, and accep	both, in ot the ob	the State of Florida ligations of, Section	Siuch 1€07.0	7. 1508, Morida Stati i change was author 0505, Florida Statuti	utes, t rized b es.	the above by the co	e-na rpo	ame Orati	ed corporation ion's board o	on submits this statement for the pur of directors. I heroby accept the appo	pose of char pintment as r	iging i egiste	ts registered offi red agent. I am	ce
SIGNATURE _	Signature, lyped (or printed n	ame of registered agent and	l ti in it n	unticatela .										- 1
12.			OFFICERS AND [anoicable (NOTE: Registered Agent signature required CTORS 13.				sign	ature required wh						
TITLE	D		DELETE		1. 1 TOLE				ADDITIONS/CHANGES TO OFFI						
NAME	LUKE, LARRY K						1.2 NAME					L	Chang	ge 🔲 Addition	
STREET ADDRESS			VATER CIR				1.3 STRE	ET A	ADDA	RESS					İ
CITY - ST - ZIP		VEDRA	BEACH FL 320	82			1.4 DITY			1					
TITLE	D				DELETE		2 1 1 1 1 1						Chang	ge	
NAME Azoret toppen	CROSS	EN, WI	LLIAM J				2.2 NAMI	E				_			Ī
STREET ADDRESS CITY-ST-ZIP	BIOLDI B	CAUCLI	ERC CIR EAST				23 STRE	ET A	ADDR	FSS					- 1
TITLE	JAUNO	OWAILL	E FL 32217		☐ DELETE		24 CITY		- ZiP			-			
NAME					[] vereit		3 171718						Chang	e Addition	
STREET ADDRESS							3.2 NAME								
CITY-ST-ZIP							3.3. STRE			RESS					- }
TITLE			······		DELETE		3.4 CITY- 4. 1 TITLE		- ZIF			F-11	<u> </u>		
NAME					_		4.2 NAME					L.J	Chang	e 🔲 Addilion	
STREET ADDRESS							4.3 STREE		DOR	ess					1
CITY-ST-ZIP							44 CITY-								
TITLE					DELETE		5 1 TITLE						Change	e [] Addition	\dashv
NAME							5.2 NAME			1		رے	s.ang	- LJ Addition	
STREET ADDRESS							5.3 STHEE	TAE	DDRE	ss					

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

SIGNATURE: KING KING ARRY K. LOKE, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 Apr 96

904 285 6483

Change

Addition