

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

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**Apr 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000069847 (0)

1. Corporation Name
THE PLEASANT FINANCIAL GROUP, INCORPORATED



Principal Place of Business Mailing Address
**6400 46TH AVE N
SUITE 108
KENNETH CITY FL 33709
US** **6400 46TH AVE. N
SUITE 108
KENNETH CITY FL 33709-3135
US**

3. Date Incorporated or Qualified: **10/01/1993** 3a. Date of Last Report: **06/12/1996**

| | | | | | | |
|----|--------------------------------|----|---------------------|---|---|--|
| 21 | 2. Principal Place of Business | 2a | 2a. Mailing Address | 4 | 4. FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-3212748 | Not Applicable |
| 22 | 22. City & State | 27 | 27. City & State | 5 | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | Zip | | Zip | | Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23 | 23. City & State | 28 | 28. City & State | 6 | 6. Election Campaign Financing | |
| | Country | | Country | | Trust Fund Contribution | <input type="checkbox"/> |
| 24 | 24. Zip | 25 | 25. Country | 8 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 29 | 29. Zip | | | |
| | | 30 | 30. Country | | | |

| | | | | |
|--|--|--|--|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |
| DAVENPORT, J P 6400 46TH AVE. N SUITE 108 KENNETH CITY FL 33709 | | 81 | 81. Name | |
| | | 82 | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83 | 83. City | |
| | | 84 | 84. Zip Code | |
| | | FL | 85 | 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 | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAVENPORT, J P | 1.2 NAME | |
| STREET ADDRESS | 6400 46TH AVE. N. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | KENNETH CITY FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *J.P. Davenport* **J.P. DAVENPORT** 4-13-97 613-546-8872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)