

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -6 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900001451739  
-04/10/95--01028--008  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **093000073342**

1. Corporation Name

NEVITT GROUP INC.

Principal Place of Business

Mailing Address

116 CORAL REEF CIRCLE  
KISSIMMEE  
FLA 34743

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**OCT 22 '93**

3a. Date of Last Report

4. FEI Number

**59-3205285**

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

10. Name and Address of New Registered Agent

MRS S NEVITT  
116 CORAL REEF CIR  
KISSIMMEE  
FLA 34743

81 Name

**MRS S Nevitt**

82 Street Address (P.O. Box Number is Not Acceptable)

**116 CORAL REEF CIRCLE**

83

**K**

84 City

**KISSIMMEE FL**

85 Zip Code

**34743**

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

Signature, typed or printed name of registered agent and fee application.

(NOTE: Registered Agent signature required when reappointing)

**3/20/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRESIDENT  
MRS VALENE DOBBS  
116 CORAL REEF CIR  
KISSIMMEE FLA 34743**

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
**PRESIDENT  
S. NEVITT  
116 CORAL REEF CIRCLE  
KISS 34743**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VICE PRESIDENT  
MR BRIAN DOBBS  
116 CORAL REEF CIR  
KISSIMMEE FL 34743**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
**VICE PRESIDENT  
B. DOBBS  
116 CORAL REEF CIRC  
KISS FL 34743**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

**3/20/95**

**4073483852**

**4073483852**