PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 JUN -4 PM 3:40
05-15-1999 90015 010 ***150.00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073342

1. Corporation Name
NEVITT GROUP INC

Principal Place of Business
1608 GOLDEN POPPY COURT
ORLANDO FL 32824
US

Mailing Address

05-15-1999 90015 010 **150.00

3. Date Incorporated or Qualified
10/22/1993

2. Principal Place of Business
1608 GOLDEN POPPY COURT
Suite, Apt. #, etc.
City & State
Zip Country
25

2a. Mailing Address
26 PO BOX 430065
Suite, Apt. #, etc.
27
City & State
28 KISSIMMEE
Zip 29 34743 Country 30

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

9. Name and Address of Current Registered Agent

DOBBS, VALERIE
1608 GOLDEN POPPY CT
6860 GULFPORT BLVD #900
ORLANDO FL 32824

10. Name and Address of New Registered Agent

81 Name S Nevitt SNevitt
82 Street Address (P.O. Box Number is Not Acceptable) 116 CORAL REEF CIRCLE
83
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 SNevitt
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NEVITT, SANDY	1.2 NAME	
STREET ADDRESS	1608 GOLDEN POPPY CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	1.4 CITY-ST-ZIP	
TITLE	DT ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOBBS, VALERIE	2.2 NAME	
STREET ADDRESS	1608 GOLDEN POPPY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	2.4 CITY-ST-ZIP	
TITLE	VPD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOBBS, BRIAN	3.2 NAME	
STREET ADDRESS	1608 GOLDEN POPPY CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	3.4 CITY-ST-ZIP	
TITLE	DVP ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOBBS, BARRY	4.2 NAME	
STREET ADDRESS	1608 GOLDEN POPPY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: SNevitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #