FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073474 (7)

1. Corporation Name

THE RIGHTSOURCE GROUP, INC.

Principal Place of Business	Mailing Address
206 EAST PINE STREET LAKELAND FL 33801	206 EAST PINE STREET LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/15/1993	06/07/1994

4. FEI Number: 59-3207671 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 capital ... Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BORNING, JON M
206 EAST PINE STREET
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BORING, JON M	NAME	
STREET ADDRESS	206 EAT PINE ST.	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	CITY-ST-ZIP	
TITLE	D	TITLE	☒ Change ☐ Addition
NAME	ZIESING, TODD	NAME	Delete
STREET ADDRESS	244 CALIFORNIA ST. #310	STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	COVEN, ROBERT E	NAME	
STREET ADDRESS	P.O. BOX 699	STREET ADDRESS	
CITY-ST-ZIP	TOTOWA NJ 07511-0699	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing ... 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: X Jon M. Boring
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 Date
813-683-3886 Daytime Phone

0312307 CP