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 APR 27 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000080330 (2)**

1. Corporation Name
THE ARGUS GROUP, INC.

Principal Place of Business	Mailing Address
11797-112TH AVE. NORTH LARGO FL 34648	11797-112TH AVE. NORTH LARGO FL 34648

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/17/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 50 S. BELCHER RD	26 50 S. BELCHER RD
Suite, Apt. #, etc. 22 SUITE 117	Suite, Apt. #, etc. 27 SUITE 117
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER FL
Zip / Country 24 34625 / 25 PINELLAS	Zip / Country 29 34625 / 30 PINELLAS

4. FEI Number: 59-3212822 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FENNELL, TODD W 101 EAST KENNEDY BLVD. SUITE 2800 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	PEARSON, GLENN	1.2 NAME	
STREET ADDRESS	11797 - 112 AVE NORTH	1.3 STREET ADDRESS	50 S. BELCHER RD SUITE 117
CITY-ST-ZIP	LARGO FL 34648	1.4 CITY-ST-ZIP	CLEARWATER FL 34625
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	DUNCAN, KYLE	2.2 NAME	
STREET ADDRESS	11797 - 112 AVE NORTH	2.3 STREET ADDRESS	50 S. BELCHER RD SUITE 117
CITY-ST-ZIP	LARGO FL 34648	2.4 CITY-ST-ZIP	CLEARWATER FL 34625
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	PENROD, DANIEL	3.2 NAME	
STREET ADDRESS	11797 - 112 AVE NORTH	3.3 STREET ADDRESS	50 S. BELCHER RD SUITE 117
CITY-ST-ZIP	LARGO FL 34648	3.4 CITY-ST-ZIP	CLEARWATER FL 34625
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	WEINTRAUB, MARSHALL	4.2 NAME	
STREET ADDRESS	11797 - 112 AVE NORTH	4.3 STREET ADDRESS	50 S. BELCHER RD SUITE 117
CITY-ST-ZIP	LARGO FL 34648	4.4 CITY-ST-ZIP	CLEARWATER FL 34625
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 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: Glenn Pearson GLENN F. PEARSON 4-22-95 813-442-5545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03721124 CP