

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000087554 (0)

1. Corporation Name

THE THIRD GROUP, INC.

95 MAR -2 PH 3: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6172 CHAMBORE COURT
JACKSONVILLE FL 32256

Mailing Address

6172 CHAMBORE COURT
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/17/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

P.O. BOX 1825

4. FEI Number

59-3215868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

GREEN COVE SPRINGS FL.

24 Zip

Country

29 Zip

Country

32043

U.S.A.

9. Name and Address of Current Registered Agent

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

ISAAC, FRED C
2468 ATLANTIC BLVD.
JACKSONVILLE FL 32207

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 the if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAMES, CURTIS A
STREET ADDRESS	6172 CHAMBORE CT.
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	D
NAME	SPIVEY, ED C
STREET ADDRESS	6172 CHAMBORE CT.
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	JAMES, CURTIS A	N/A
1.3 STREET ADDRESS	P.O. BOX 1825	
1.4 CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	SPIVEY, ED C	N/A
2.3 STREET ADDRESS	P.O. BOX 1825	
2.4 CITY - ST - ZIP	GREEN COVE SPRINGS FL 32043	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

CURTIS A JAMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/95
DATE

904-928-9179
(Telephone Number)