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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 1:56

DOCUMENT # **P93000087683 (7)**

1. Corporation Name
THE UMBRELLA GROUP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2891 CENTER POINT DR. SUITE 207 FT. MYERS FL 33916	PO BOX 61526 FT MYERS FL 33906 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/22/1993
3a. Date of Last Report: 02/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0455937 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTSON, SCOTT D
17296 PLANTATION DRIVE
SUITE 207
FT MYERS FL 33912

10. Name and Address of New Registered Agent — **ADDRESS CORRECTION**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 17296 PLANTATION DRIVE
83
84 City: FORT MYERS FL 85 Zip Code: 33912

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 _____ (Typed or printed name of registered agent and title if applicable) (NEW Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ROBERTSON, SCOTT D	12 NAME		
STREET ADDRESS	17296 PLANTATION DR	13 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP		
TITLE	VTD	21 TITLE		☐ Change ☐ Addition
NAME	HAMBRUCH, JO ANN	22 NAME		
STREET ADDRESS	18653 MIAMI BLVD.	23 STREET ADDRESS		
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP		
TITLE	S	31 TITLE	S/D	☒ Change ☐ Addition
NAME	ROBERTSON, LESLEY A	32 NAME		
STREET ADDRESS	17296 PLANTATION DR	33 STREET ADDRESS		
CITY ST ZIP	RT MYERS FL	34 CITY ST ZIP	FT. MYERS, FL 33912	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: Jo Ann Hambruch JO ANN HAMBRUCH V/T/D 03/22/95 (813)278-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0449962 FP