

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P94000020125 (8)**

1. Corporation Name

**ARMSTRONG GROUP, INC.**



Principal Place of Business

Mailing Address

**5299 WOODSTONE CIRCLE, WEST  
LAKE WORTH FL 33463**

**5299 WOODSTONE CIRCLE, WEST  
LAKE WORTH FL 33463**

3. Date Incorporated or Qualified

**03/11/1994**

3a. Date of Last Report

**06/22/1995**

4. FEI Number

**65-0574629**

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

2. Principal Place of Business

2a. Mailing Address

**21 7496 ROCKBRIDGE CR**

**26 7496 ROCKBRIDGE CR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

**23 LAKE WORTH FL**

**28 LAKE WORTH FL**

Zip

Country

Zip

Country

**24 33467**

**25 U.S.**

**29 33467**

**30 U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARMSTRONG, BOB  
5299 WOODSTONE CIRCLE, WEST  
LAKE WORTH FL 33463**

81 Name

**ARMSTRONG, BOB**

82

Street Address (P.O. Box Number is Not Acceptable)

**7496 ROCKBRIDGE CIRCLE**

83

84

City

**LAKE WORTH**

FL

85

Zip Code

**33467**

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

*Bob Armstrong*

(NOTE: Registered Agent signature required when reinstating)

**7/25/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PT  
NAME ARMSTRONG, BOBBY J.  
STREET ADDRESS 5299 WOODSTONE CIRCLE W  
CITY-ST-ZIP LAKE WORTH FL**

TITLE ☐ DELETE

**VS  
NAME MOXLEY-ARMSTRONG, JUDITH  
STREET ADDRESS 5299 WOODSTONE CIRCLE, WEST  
CITY-ST-ZIP LAKE WORTH FL**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

11 TITLE ☒ Change ☐ Addition

**PT  
NAME ARMSTRONG, BOBBY J.  
12 STREET ADDRESS 7496 ROCKBRIDGE CIRCLE  
13 CITY-ST-ZIP LAKE WORTH, FL**

21 TITLE ☒ Change ☐ Addition

**VS  
NAME MOXLEY-ARMSTRONG, JUDITH  
22 STREET ADDRESS 7496 ROCKBRIDGE CIRCLE  
23 CITY-ST-ZIP LAKE WORTH, FL**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Judith Moxley Armstrong*  
**JUDITH MOXLEY ARMSTRONG**

**7/25/96**

**407-439-8636**

Signature Printed Name

CR2E034 (3/96)