

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # P94000042135 (1)

1. Corporation Name

THE INVESTMENT GROUP ASSOCIATES, INC.



Principal Place of Business

327 ELDREDGE ROAD
FORT WALTON BEACH FL 32547

Mailing Address

327 ELDREDGE ROAD
FORT WALTON BEACH FL 32547-1308

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/01/1994

3a. Date of Last Report

04/24/1996

4. FEI Number

59-3259352

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

NEWMAN, RAYMOND F JR.
150 EGLIN PARKWAY, N.E.
FORT WALTON BEACH FL 33548

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

Signature, typed or printed name of registered agent and fiscal agent (if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
STREET ADDRESS RAHE, THEODORE D.
CITY-ST-ZIP 327 ELDREDGE RD.
FT. WALTON BEACH FL

TITLE ☐ DELETE

NAME VP
STREET ADDRESS ROCHESTER, JAMES
CITY-ST-ZIP 60102 CHRISTIAN RD
AMPRY MS

TITLE ☐ DELETE

NAME S
STREET ADDRESS OOTEN, MAJOR
CITY-ST-ZIP 853 VALLEY RIDGE CIR
PENSACOLA FL

TITLE ☐ DELETE

NAME T
STREET ADDRESS BARNHILL, FRANK
CITY-ST-ZIP 2 RAVINA DR. STE 1310
ATLANTA GA

TITLE ☐ DELETE

NAME D
STREET ADDRESS RAHE, NORMAN J.
CITY-ST-ZIP 21491 MONTBURY DR.
LAKE FOREST CA

TITLE ☐ DELETE

NAME D
STREET ADDRESS RAHE, R. H.
CITY-ST-ZIP 45 WAXWING AVE
NAPIERVILLE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE *Raymond F. Newman* DATE *4/19/97*

CR2E034 (9/96)