

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

FILED
Apr 29 1998 8:00am
Secretary of State

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

NEWMAN, RAYMOND F JR.
150 EOLIN 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE VP
NAME ROCHESTER, JAMES
STREET ADDRESS 00102 CHRISTIAN RD
CITY-ST-ZIP AMPRY MS

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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 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: *Th. Theodore D. Rahe* 4/29/98

CR2E034 (10/97)