2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
04-03-2001 90073 031 ***150.00

DOCUMENT # P94000051714

1. Entity Name

THE DRIGGERS GROUP, INC.

Principal Place of Business	Mailing Address
7700 N DRIGGERS POINT HERNANDO FL 34442	7700 N DRIGGERS POINT HERNANDO FL 34442

736820

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2780 N FLORIDA AVE	SAME
Suite, Apt. #, etc. SUITE 7	Suite, Apt. #, etc.
City & State HERNANDO	City & State
Zip 34442 · Country USA.	Zip 34442 · Country

4. FEI Number **59-3254978** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRIGGERS, HELLEN K 7700 N DRIGGERS POINT HERNANDO FL 34442	Name Street Address (P.O. Box Number is Not Acceptable) 1619 SE 5th STREET City OCALA **FL** Zip Code 34471

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE HELLEN K. DRIGGERS 3/31/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRIGGERS, WALTER J III 7700 N DRIGGERS PT HERNANDO FL	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	1619 SE 5th Street OCALA FL 34471	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD DRIGGERS, HELLEN K 7700 N DRIGGERS PT HERNANDO FL	☐ Delete	TITLE VTSD NAME STREET ADDRESS CITY-ST-ZIP	1619 SE 5th STREET OCALA 34471	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER J Driggers III 3/31/01 352-726-1047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)