

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000064403 (6)

1. Corporation Name

THE SAN JOSE GROUP, INC.

Principal Place of Business

8695 COLLEGE PKWY
SUITE 303
FT MYERS FL 33919
US

Mailing Address

8695 COLLEGE PKWY
SUITE 303
FT MYERS FL 33919-4888
US

2. Principal Place of Business

21 3531 FIDDLEHEAD CT

Suite, Apt. #, etc.

2a. Mailing Address

26 3531 FIDDLEHEAD CT

Suite, Apt. #, etc.

City & State

23 BONITA SPRINGS, FL

City & State

28 BONITA SPRINGS, FL

Zip

24 34134

Country

25 LEE

Zip

29 34134

Country

30 LEE

9. Name and Address of Current Registered Agent

SAWYER, SUSAN KAY
3531 FIDDLEHEAD CT
BONITA SPRINGS FL 33923

3. Date Incorporated or Qualified

08/31/1994

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0530907

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

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

34134

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

Susan Kay Sawyer

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

4/20/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST	<input checked="" type="checkbox"/> DELETE
NAME	SAWYER, SUSAN K	
STREET ADDRESS	3531 FIDDLEHEAD COURT	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SAWYER, ROBYN B.	
STREET ADDRESS	3531 FIDDLEHEAD COURT	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAWYER, RICHARD PETER	
1.3 STREET ADDRESS	3531 FIDDLEHEAD CT.	
1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAWYER, SUSAN KAY	
2.3 STREET ADDRESS	3531 FIDDLEHEAD CT	
2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard P. Sawyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-97

Date

941-947-9472

Daytime Phone #

CR2E034 (9/96)