FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JAN 31 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000069392 (6)

1. Corporation Name

THE MCGIFFEN GROUP, INC.

Principal Place of Business	Mailing Address
46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236	46 N. WASHINGTON BLVD., #1 SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/19/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21 109 Overlea Way
22 Suite, Apt. #, etc.
23 City & State: Venice, FL
24 Zip: 34292 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0527149 ☐ 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

PATTERSON, JOHN
46 N. WASHINGTON BLVD., #1
SARASOTA FL 34236

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D,P	☒ Change ☐ Addition
NAME	PATTERSON, JOHN	1.2 NAME	McGIFFEN, JOHN W.	
STREET ADDRESS	46 N. WASHINGTON BLVD., #1	1.3 STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE		2.1 TITLE	D,VP,S	☐ Change ☒ Addition
NAME		2.2 NAME	LUPER, ALBERT R.	
STREET ADDRESS		2.3 STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE		3.1 TITLE	D,VP,T	☐ Change ☒ Addition
NAME		3.2 NAME	FRED CHAMBERLAIN	
STREET ADDRESS		3.3 STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE		4.1 TITLE	D,VP	☐ Change ☒ Addition
NAME		4.2 NAME	EDSEL, EDWARD E.	
STREET ADDRESS		4.3 STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	VENICE, FL 34292	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

2/3

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)(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: John W. McGiffen (813) 497-4786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN W. McGIFFEN, President

0342152 CP