

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000083120 (3)**

1. Corporation Name

**SURVIVORS GROUP, INC.**

Principal Place of Business

Mailing Address

~~2ND AND MAIN~~  
~~SOUTHPORT FL 32409~~

POST OFFICE BOX 8049  
SOUTHPORT FL 32409



2. Principal Place of Business

2a. Mailing Address

21 **747 JENKS AVE**

26 Suite, Apt. #, etc.

22 **SUITE A**

27 Suite, Apt. #, etc.

23 **PANAMA CITY FL**

28 City & State

24 **32402**

29 Zip

9. Name and Address of Current Registered Agent

**BRIGMAN, M P**  
**7332 RESOTA LANE 747 JENKS AVE, SUITE A**  
**SOUTHPORT FL FL PANAMA CITY FL 32402**

3. Date Incorporated or Qualified

**11/15/1994**

3a. Date of Last Report

**01/25/1995**

4. FEI Number

**59-3281003**

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

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 agent 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 of Registered Agent or New Registered Agent

Signature of Registered Agent Signature required when replacing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD BIEHL, J A**  
STREET ADDRESS **2ND AND MAIN**  
CITY-STATE-ZIP **SOUTHPORT FL 32409**

TITLE ☐ DELETE  
NAME **VTD BRIGMAN, M P**  
STREET ADDRESS **2ND AND MAIN**  
CITY-STATE-ZIP **SOUTHPORT FL 32409**

TITLE ☐ DELETE  
NAME **SD LEAHY, J A**  
STREET ADDRESS **2ND AND MAIN**  
CITY-STATE-ZIP **SOUTHPORT FL 32409**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **747 JENKS AVE, SUITE A**  
1.4 CITY-STATE-ZIP **PANAMA CITY FL 32402**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **747 JENKS AVE SUITE A**  
2.4 CITY-STATE-ZIP **PANAMA CITY FL 32402**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **747 JENKS AVE SUITE A**  
3.4 CITY-STATE-ZIP **PANAMA CITY FL 32402**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96

Daylight Saving Time

CR2E034 (12/95)