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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000084027**1. Corporation Name

THE NORRIS GROUP, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90057 048 ***150.00



Principal Plac	ce of Business	Mailing Address			- I DOMINOU HE ENHA SANH BOTTI ONTHI ONTHI ODINI CONTR CONTR I	IBAN NAMAN (BAN
9304 U.S. 41 N. 9304 U.S. 41 N.						
PALMETTO FL	PALMETTO FL 34221					
					DO NOT WRITE IN THIS SPACE	
_					3. Date Incorporated or Qualified 11/10/1994	
Principal Place of Business 2a. Mailing Address						lied For
21 26						Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired See Required			
City & State City & State					6. Election Campaign Financing \$5.00 N	/lay Be
23 28					Trust Fund Contribution Added to	Fees
<u> </u>	Zip Country Zip		Country 30		8. This corporation owes the current year Intangible	٦.,
24	25 9. Name and Address of Curre		30 į			□No
<u> </u>	v. Hame and Address of Cuffe	ur vehisteren wheur	8	1 Name	10. Name and Address of New Registered Agent	
	RRIS, ERNEST					
9304 U.S. 41 N.			8	2 Street	eet Address (P.O. Box Number is Not Acceptable)	
PALMETTO FL 34221			8	3		
			8	4 City	FL 85 Zip Ci	ode
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statutos	the sho	Ve-named	ed corporation submits this statement for the purpose of changing its n	ngietorod
office or a	registered agent, or both, in the State arm familiar with, and accept the oblig	e of Florida. Such change was aut	horized b	y the corp	orporation's board of directors. I hereby accept the appointment as regi	stered
SIGNATURE	Signature, typed or printed name of registered ag-	out and title if applicable (NOTE, D	and the last of the		ure required when reinstating).	
12.		ND DIRECTORS	13.	entagnatura i	re required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12
TITLE	DPST	☐ DÉLETE	1.1 TITLE		Change	Addition
NAME	NORRIS, JANICE E		1.2 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS	9304 U.S. 41 N.		1.3 STRE	ET ADDRESS	ss	
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-			
TITLE	DCV	☐ DELETE	2.1 TITLE		∴ Change	Addition
NAME	NORRIS, ERNEST P		2.2 NAME		1	
STREET ADDRESS	9304 U.S. 41 N.		2.3 STRE	ET ADDRESS	ss	
CITY-ST-ZIP	PALMETTO FL 34221		2. 4 CITY-	ST-ZIP		
TITLE	D	☐ DELETE	3.1 T/TLE		Change	☐ Addition
NAME	CORNWELL, MARTHA		3.2 NAME		1	
STREET ADDRESS	9304 U.S. 41 N.		3.3 STRE	ET ADDRESS	ss	p & ev
CITY-ST-ZIP	PALMETTO FL 34221		3.4. CITY-	ST-ZIP	<u>」 - 一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一</u>	u. 11 12
-TITLE		☐ DELETE	4.1 TITLE		Change	Addition
NAME .			4, 2 NAME	:		-
STREET ADDRESS			4.3 STREE	ET ADDRESS	ss	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u> </u>	
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS	ss	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP_		
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS	\$*		6.3 STREE	TADORESS	is i	
CITY-ST-ZIP	•		6.4 CITY-3	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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: