

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

**APPROVED  
AND  
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95 MAY -1 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000090837 (3)**

1. Corporation Name

**WASHINGTON FINANCIAL GROUP, INC.**

Principal Place of Business

124 N MAIN ST  
S DEERFIELD MA 01373

Mailing Address

124 N MAIN ST  
S DEERFIELD MA 01373

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

2. Principal Place of Business

21 575 N Florida Ave  
Suite, Apt #, etc.

2a. Mailing Address

26 311 MC  
Suite, Apt #, etc.

4. FEI Number

04 3261578

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. 199.037,  
Florida Statutes  Yes  No

22 300 0  
City & State

27  
City & State

23 West Palm Beach  
City

28  
City

24 33401  
Zip

29 Palm Beach  
County

29  
County

30

9. Name and Address of Current Registered Agent

**WOLFE, LARRY  
200 -A JOHN KNOX RD  
TALLAHASSEE FL 32303-6643**

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 typed or printed below of registered agent and file Page 2-2B)

(Signature typed or printed below of registered agent, officer, director, or shareholder)

DATE

12. OFFICERS AND DIRECTORS

TITLE: D  
NAME: WHITNEY, PAUL  
STREET ADDRESS: 124 N MAIN ST  
CITY, ST, ZIP: S DEERFIELD MA 01373

TITLE: D  
NAME: WHITNEY, PHYLLIS P  
STREET ADDRESS: 124 N MAIN ST  
CITY, ST, ZIP: S DEERFIELD MA 01373

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: \_\_\_\_\_  Change  Addition  
12 NAME: \_\_\_\_\_  
13 STREET ADDRESS: 60000 1476756  
14 CITY, ST, ZIP: -05/05/95--01010--013  
\*\*\*\*\*200.00 \*\*\*\*\*200.00

21 TITLE: \_\_\_\_\_  Change  Addition  
22 NAME: \_\_\_\_\_  
23 STREET ADDRESS: \_\_\_\_\_  
24 CITY, ST, ZIP: \_\_\_\_\_

31 TITLE: \_\_\_\_\_  Change  Addition  
32 NAME: \_\_\_\_\_  
33 STREET ADDRESS: 60000 1476756  
34 CITY, ST, ZIP: -05/05/95--01010--014  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

41 TITLE: \_\_\_\_\_  Change  Addition  
42 NAME: \_\_\_\_\_  
43 STREET ADDRESS: \_\_\_\_\_  
44 CITY, ST, ZIP: \_\_\_\_\_

51 TITLE: \_\_\_\_\_  Change  Addition  
52 NAME: \_\_\_\_\_  
53 STREET ADDRESS: \_\_\_\_\_  
54 CITY, ST, ZIP: \_\_\_\_\_

61 TITLE: \_\_\_\_\_  Change  Addition  
62 NAME: \_\_\_\_\_  
63 STREET ADDRESS: \_\_\_\_\_  
64 CITY, ST, 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 199.03(3)(A), 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:

*Paul Whitney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95

463  
053-7363  
TALLAHASSEE