

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000001713 (3)

1. Corporation Name

WARREN GROUP, INC.



Principal Place of Business

599 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

Mailing Address

599 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/01/1995

3a. Date of Last Report

4. FEI Number

59-3291334

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Trust Fund Contribution

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

BRADLEY, TODD L
1 INDEPENDENT DR
SUITE 2600
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

BALL, John S.

82 Street Address (P.O. Box Number is Not Acceptable)

1 Independent Drive

83

Suite 2600

84 City

Jacksonville

FL

85 Zip Code

32202

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

John S. Ball

(NOTE: Registered Agent Signature required with all filings)

2/29/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WARREN, ROBERT
STREET ADDRESS 1619 INDIAN SPRINGS DR
CITY-STATE-ZIP JACKSONVILLE FL 32246

TITLE D ☐ DELETE

NAME WARREN, PATRICIA
STREET ADDRESS 1619 INDIAN SPRINGS DR
CITY-STATE-ZIP JACKSONVILLE FL 32246

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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 D/VP/S ☒ Change ☐ Addition

1.2 NAME WARREN, Robert
1.3 STREET ADDRESS 1619 Indian Springs Dr.
1.4 CITY-STATE-ZIP Jacksonville, FL 32246

2.1 TITLE D/P/T ☒ Change ☐ Addition

2.2 NAME WARREN, Patricia
2.3 STREET ADDRESS 1619 Indian Springs Dr.
2.4 CITY-STATE-ZIP Jacksonville, FL 32246

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

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:

Patricia S. Warren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96
DATE

(904) 241-3100
Daytime Phone #

CR2E034 (12/95)