

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

**FILED**

**Feb 28 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000003249 (6)**

1. Corporation Name  
**THE ELIZABETH GROUP, INC.**



Principal Place of Business: **60 KINGSLEY CIRCLE ORMOND BEACH FL 32174**  
Mailing Address: **60 KINGSLEY CIRCLE ORMOND BEACH FL 32174-9213**

3. Date Incorporated or Qualified: **01/09/1995**      3a. Date of Last Report: **06/20/1996**  
4. FEI Number: ~~XXXXXX~~ **59-3341053**      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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country  
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIBBLE, WILLIAM E  
60 KINGSLEY CIRCLE  
ORMOND BEACH FL 32174**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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

(To be typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **D**  DELETE  
NAME: **GRIBBLE, WILLIAM E**  
STREET ADDRESS: **60 KINGSLEY CIRCLE**  
CITY-ST-ZIP: **ORMOND BEACH FL 32174**

TITLE: **D**  DELETE  
NAME: **GRIBBLE, ELIZABETH L**  
STREET ADDRESS: **60 KINGSLEY CIRCLE**  
CITY-ST-ZIP: **ORMOND BEACH FL 32174**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-ST-ZIP:

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY-ST-ZIP:

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY-ST-ZIP:

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 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 and 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, or on an attached addendum with an address.

SIGNATURE: *William E. Gribble* **Wm. E. Gribble, Pres 2/19/97 904-437-0200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)