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

PROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Apr 25, 1999 8:00 am Secretary of State Secretary of State

04-25-1999 90039 049 ***150.00

FILED



THE ELIZABETH GROUP, INC.

Principal Place of Business

Mailing Address

60 KINGSLEY CIRCLE



60 KINGSLEY CIRCLE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/09/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3341053 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State П Added to Fees Trust Fund Contribution 28 23 8. This corporation owes the current year Intangible Country Zip Country Zip ☐ Yes Personal Property Tax. 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GRIBBLE, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 82 **60 KINGSLEY CIRCLE** ORMOND BEACH FL 32174 83 Zip Code 85 84 City 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 Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change DELETE 11 ππ F D TITLE 1.2 NAME GRIBBLE, WILLIAM E NAME 1.3 STREET ADDRESS 60 KINGSLEY CIRCLE STREET ADDRESS ORMOND BEACH FL 32174 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE 22 NAME GRIBBLE, ELIZABETH L NAME 60 KINGSLEY CIRCLE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP ☐ DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TIBE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 8.3 STREET ADDRESS STREET ADDRESS 64 CITY-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 chap

SIGNATUR