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

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	Sandra B. Mortham NNUAL REPORT Secretary of State DIVISION OF CORPORATIONS								
	MENT # P95 0	00000744	0 (7)		V 450 75				
THC IN	MPORT GROUP, INC.								
Principal Place of Business Mailing Address									
3207 FALLOW ROAD VENICE FL 34293 VENICE FL 34293									
		VI 1944	····			3. Date Incorporated or Qualified 01/26/1995	3a. Date of Last	. Report	
2. Principal Pl.	ace of Business	2a. Mailing Ac	tdress			4. FEI Number	7	Applied For	
Suite, Apt.	#, etc.	Suite, Apt	#. etc.			6. Certificate of Status Desired		Not Applicable 75 Additional	
Crty & State)	City & Sta	te		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	_ \$5.	.00 May Be	
23 Zip	Country		28			Trust Fund Contribution 8. This corporation has liability for	T T T T T T T T T T T T T T T T T T T	ded to Fees	
24	25		30				No No	\$ 199.032,	
	9. Name and Address of C	urrent Registered Age	nt	81	7	10. Name and Address of New I	Registered Agent		
JEEFRIE	S, HUGH V								
3207 FALLOW ROAD				82	Street Addr	et Address (P.O. Box Number is Not Acceptable)			
	FL 34293			83		G. 185 (187 (187) 187) 187 (187) 187 (187) 187 (187) 187 (187) 187 (187) 187 (187) 187 (187) 187 (187			
				84	City			7. 0. 1	
					,			Zip Code	
11. Pursuant t or register familiar wit	io the provisions of Sections 607 ad agent, or both, in the State of th, and accept the obligations of,	:0502 and 607,1508, Flo FFlorida: Such change wa , Section 607.0505, Florid	rida Statutes, the a as authorized by the la Statutes.	bove e con	named corpor poration's boar	ation submits this statement for the purid of directors. Thereby accept the app	rpose of changing it ointment as register	s registered office ed agent. Fam	
SIGNATURE	Signature, typed or printed han e of registerer				nt signature required				
12.		S AND DIRECTORS	13 13		III Signature respirat	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	TORS IN 12	
TITLE	D		DELETE 1.11				☐ Chang	······································	
NAME	ADAMS, F. HENRY 52 Morrill Dr.		1,2	NAME					
STREET ADDRESS	BURLINGTON VT 05401				T ADDRESS			ļ	
CITY-ST-ZIP TITLE	D	ГП D		CHY-S 1 Thre	ST-ZIP		Chana	e [] Addition	
NAME	JEFFRIES, HUGH V	L.J ~		NAME			Chang	e [] Addition	
STREET ADDRESS	3207 FALLOW ROAD				F ADDRESS				
CITY-ST-ZIP	VENICE FL 34293		2.4	CITY-S	ST - ZIP			į	
TITLE		□ D		TITLE			Chang	Addition	
NAME STOCET ADODESS				NAME					
STREET ADDRESS CITY-ST-ZIP					T ADDRESS				
TITLE		C D		CITY-S 1 TILLE	51- <i>I</i> P		Change	E Addition	
NAME		Ш.		NAME				- Modition	
STREET ADDRESS					ADDRESS			ļ	
CITY-ST-ZIP			4.4	CITY-S	l l				
TITLE			ELETE 5	TITLE			Change	Addition	
NAME SYSSEX ABBRESS				NAME					
STREET ADDRESS					ADDRESS			Ì	
CITY-ST-ZIP TITLE		D		CiTY-S	51 - ZiP	THE STATE OF THE S	[^m] 01	Addition 1	
NAME		L.J U		NAME			[iii] Change	Addition	
STREET ADDRESS					ADDRESS				
l l			.		- 1				

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 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 artachinger without an address.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR

(941)492-6635 Disting Proper