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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000016323 (4)

THE JERRY PLUMMER GROUP, INC.

Principal Place of Business Mailing Address 7532 MUNICIPAL DR 7532 MUNICIPAL DR ORLANDO FL 32819-8832 ORLANDO FL 32819 3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For <u>59-3299142</u> 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** П Added to Fees 23 28 Country Z_{1D} Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PLUMMER, GERALD B 7532 MUNICIPAL DR 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819 83 84 City Zip Code 65 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 Signative typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12 ☐ DELETE 1.1 TITLE Change ___ Addition TITLE PLUMMER, GERALD B 1.2 NAME NAME 7532 MUNICIPAL DR 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP 1.4 City-St-ZiP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST-ZIP DELETÉ Change Addition TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CHY-S1-7P DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP C(TY-S1-Z)P DELETE Change Addition TOLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST-ZIP DELETE Change Addition THE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-51-ZIP 6.4 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: SUMB BUNGER 2/18/97

an attachment with an address

2/18/97 407-352-5

FILED

May 12 1997 8:00am

Secretary of State

Daytime Phone #