

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039290 (8)

1. Corporation Name

ELLINGTON GROUP, INC.



Principal Place of Business

10010 U.S. 19
PORT RICHEY FL 34668

Mailing Address

10010 U.S. 19
PORT RICHEY FL 34668

3. Date Incorporated or Qualified
05/17/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

9. Name and Address of Current Registered Agent

FRANK, JOHN P JR
10010 U.S. HIGHWAY 19
PORT RICHEY FL 34668

4. FEI Number
593325873

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

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT TREAS.	<input type="checkbox"/> DELETE
NAME	John P. Frank Jr.	
STREET ADDRESS	10010 U.S. HWY 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	William T. Kimpton	
STREET ADDRESS	28059 U.S. 19 NORTH #1203	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	SECY	<input type="checkbox"/> DELETE
NAME	Lois E. Robinson	
STREET ADDRESS	6067 OLEANDER AVE.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	TONI D. FUDGE	
STREET ADDRESS	4 BRIGHTWATERS CIR., NE	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	RICHARD F. GIDARO	
STREET ADDRESS	5514 CARBINE CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.03(4), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (12/95)