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FILED

May 15 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 # P95000052153 (0)

1. Corporation Name

EXODUS GROUP, INC.



Principal Place of Business

7100 PLANTATION ROAD, SUITE 4  
PENSACOLA FL 32504

Mailing Address

7100 PLANTATION ROAD, SUITE 4  
PENSACOLA FL 32504-6234

2. Principal Place of Business

21 2648 Stefani Rd.  
Suite, Apt. #, etc.

2a. Mailing Address

26 2648 Stefani Rd.  
Suite, Apt. #, etc.

City & State

23 Cantonment FL

City & State

28 Cantonment FL

Zip

24 32533

Country

25 ESCAMBA

Zip

29 32533

Country

30 ESCAMBA

9. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRP  
7100 PLANTATION ROAD  
SUITE 4  
PENSACOLA FL 32504

3. Date Incorporated or Qualified  
07/06/1995

3a. Date of Last Report  
08/01/1996

4. FEI Number  
59-3324167

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

DOW BROWN

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

2648 Stefani Rd

83

84 City

Cantonment

FL

85 Zip Code

32533

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

Alfred Brown

Alfred Brown

4-28-97

Signature of person named in registered name of registered agent and line if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME BROWN, MELANIE A  
STREET ADDRESS 7100 PLANTATION ROAD, SUITE 4  
CITY-STATE-ZIP PENSACOLA FL 32504 ☐ DELETE

TITLE VTD  
NAME BROWN, ALFRED  
STREET ADDRESS 7100 PLANTATION ROAD, SUITE 4  
CITY-STATE-ZIP PENSACOLA FL 32504 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRS  
1.2 NAME  
1.3 STREET ADDRESS 2648 Stefani Rd  
1.4 CITY-STATE-ZIP SAME CANTONMENT FL 32533 ☐ Change ☐ Addition

2.1 TITLE V.P.  
2.2 NAME ALFRED BROWN  
2.3 STREET ADDRESS 2648 Stefani Rd  
2.4 CITY-STATE-ZIP CANTONMENT FL 32533 ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alfred Brown ALFRED BROWN

4-28-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0495404

CR2E034 (9/96)