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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000061431

1. Corporation Name

THE OVERTON GROUP, INC.

## Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90072 007 \*\*\*158.75



Principal Place of Business Mailing Address						4 (BRITANT CER LATAL BUTEL BREIT BARTE BREIT	EERIE ER	tidi isasi araba	LITTEL STATE CHARLE
1871 COTTONWOOD TRAIL 1871 COTTONWOOD TRAIL									
SARASOTA FL	SARASOTA FL 34232								
						DO NOT WRITE IN	THIS S	SPACE	
						3. Date Incorporated or Qualifed 08/09/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0599927		No	t Applicable
. Suite, Apt.	#, etc	- Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27				J. Certificate of Citation Desired		Fee Re	quired
City & Stat	le	City & State			6. Election Campaign Financing		\$5.00		
23		28				Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year			<b>⊠</b> No
24	25	29	30	_		Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Register	red A	gent	
OVE	DTON JOHN W			81	Name				
OVERTON, JOHN W 1871 COTTONWOOD TRAIL				82 Street Address (P.O. Box Number is Not Acceptable)					
	ASOTA FL 34232								
JAN	M301A FL 34232			83					
				84	City			85 Zip (	Code
				凵			<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the a	bove d by	e-named corp	poration submits this statement for the purpos on's board of directors. I hereby accept the a	se of c	:hanging its tment as re	registered aistered
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flor	rida Sta	utes.		on a board of an octors. Thereby decept the	<b>PP</b>		<b>5</b>
SIGNATURE									<u> </u>
0.011,170112	Signature, typed or printed name of registered agent				t signature require	ed when reinstating) DAT			DO 11/40
12.	OFFICERS ANI		13.		·	ADDITIONS/CHANGES TO OFFICER	S ANL	☐ Change	Addition
TITLE	PT CUENTAL CONTRACT	☐ DELETE	1.1 T					☐ Cuanta	
NAME	OVERTON, JOHN W.		1.2 N	IAME					
STREET ADDRESS			1.3 S	TREET	ADDRESS				į
CITY-ST-ZIP	SARASOTA FL		1.4 CITY- S		r-ZIP			Change	Addition
TITLE	VS	☐ DELETE	2.1 T	ITLE	1			Change	☐ Addition
NAME	OVERTON, PAMELA		- 1	AME					
STREET ADDRESS			2.3 S	TREET	ADDRESS	المعارض والمعارض والمعارض			. *
CITY-ST-ZIP	SARSASOTA FL			ZITY-S	T-Z)P				A delikie
TITLE		☐ DELETE	3.1 T	MLE				☐ Change	Addition
NAME			3.2 N	AME.					ĺ
STREET ADDRESS			3.3 S	TREET	ADDRESS				ł
CITY-ST-ZIP			3.4. (	CITY-S	T-ZIP				
TITLE		☐ DELETE	4,1 T	ITLE				Change	☐ Addition
NAME			4.21	MAME		<i>&gt;</i> *			
STREET ADDRESS	}		4.3 S	TREET	ADORESS				
CITY-ST-ZIP			4.4 0	ΠY-ST	r-zip				
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NAME			5.2 N		ļ				Į
STREET ADDRESS	}		5.3 S	TREET	ADDRESS				
CITY-ST-ZIP				HY-ST	T-ZIP				
TITLE		☐ DELETE	6.1 T	ΠLE		-		☐ Change	☐ Addition
NAME			6.2 N	AME	}			•	į
STREET ADDRESS	· ·		6.3 S	TREET	ADDRESS				1

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 changed, or open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR