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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000097143 (8)

CYGNUS GROUP, INC.

HAME

STREET ADDRESS

appears in Block 12 or

SIGNATURE:

CHTY-ST-ZIF

Mailing Address Principal Place of Business PO BOX 6887 6700 SOUTH FLORIDA AVENUE LAKELAND FL 33807-8687 SUITE 9 LAKELAND FL 33813 3. Date Incorporated or Qualified 3a. Date of Last Report 12/18/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3386524 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 6. Certificate of Status Desired Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Ζιρ Country ZID 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes DNo 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ATTAWAY, JOHN A JR ONE LAKE MORTON DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33801 83 City 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, typical or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13 P/D Change Addition ☐ DELETE THUE 1.1 TITLE GONZALEZ, RICHARD L. NAME 1.2 NAME **6700 SOUTH FLORIDA AVENUE** 1.3 STREET ADDRESS STREET ADORESS **LAKELAND FL 33813** 1.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Change Addition 2.1 TITLE ROTH, ARTHUR J 2.2 NAME NAME 5519 SCOTT VIEW LANE 2.3 STREET ADDRESS STREET ADORESS LAKELAND FL 33813 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TETLE TITLE ROTH, ARTHUR J 3.2 NAME NAME 5519 SCOTT VIEW LANE 3.3 STREET ADDRESS STREET ADDRESS **LAKELAND FL 33813** 3.4. CITY - ST - ZIP OTY - \$1 - 209 Change Addition DELETE 4.1 TITLE THLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-S1-ZIF ☐ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIE ■ Addition DELETE 61 TITLE THE

6.2 NAME

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 appear are provided in the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver of the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CHEMIN J. ROTH