FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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 # P96000006297 (1)

1. Corporation Name
WICKLOW GROUP, INC.

Principal Place of Business
2135 COTTAGE ST.
FT. MYERS FL 33901

Mailing Address
2135 COTTAGE ST.
FT. MYERS FL 33901-3614

3. Date Incorporated or Qualified: 01/17/1996
3a. Date of Last Report: NA

2. Principal Place of Business
21 12603 CORRAL RD
Suite, Apt. #, etc. 22
City & State 23 TAMPA, FLORIDA
Zip 24 33626 Country 25

2a. Mailing Address
26 12603 CORRAL RD
Suite, Apt. #, etc. 27
City & State 28 TAMPA, FLORIDA
Zip 29 33626 Country 30

4. FEI Number 59-3426286 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

9. Name and Address of Current Registered Agent
HILLMYER, BARRY R
2135 COTTAGE ST.
FT. MYERS FL 33901

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HANLON, ELIZABETH	
STREET ADDRESS	400 UNO LARGO DR., #302	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DV	☐ DELETE
NAME	HANLON, MICHAEL	
STREET ADDRESS	12603 CORRAL RD.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	DT	☐ DELETE
NAME	HANLON, ROSE	
STREET ADDRESS	12603 CORRAL RD.	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE	D	☐ DELETE
NAME	HENDON, BARRY	
STREET ADDRESS	6900 DANIELS PKY., #3	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☒ Change ☐ Addition
1.2 NAME	ELIZABETH HANLON	
1.3 STREET ADDRESS	12603 CORRAL RD	
1.4 CITY-ST-ZIP	TAMPA, FL 33626	
2.1 TITLE	OWNER	☐ Change ☒ Addition
2.2 NAME	MICHAEL P. HANLON	
2.3 STREET ADDRESS	26775 SURREY DR	
2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
3.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
3.2 NAME	HEATHER LESLIE	
3.3 STREET ADDRESS	12522 PORGOLD DR	
3.4 CITY-ST-ZIP	TAMPA, FL 33626	
4.1 TITLE	TREASURER OWNER	☐ Change ☒ Addition
4.2 NAME	TIM KELLEY	
4.3 STREET ADDRESS	316 EAST LIMA STREET	
4.4 CITY-ST-ZIP	FINDLAY, OHIO 45840	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: [signature]

CR2E034 (9/96)