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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P9600008165 (8)

FILED Jan 29 1998 8:00am Secretary of State

THE IN GROUP, INC. Mailing Address Principal Place of Business 702 PALMETTO ST 702 PALMETTO ST **NEW SMYRNA BEACH FL 32168** NEW SMYRNA BEACH FL 32168 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/19/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 26 59-3376813 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5, Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Zip Country Zip Country 24 25 29 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent THOMSON, JOHN 81 **702 PALMETTO ST** 82 Street Address (P.O. Box Number is Not Acceptable) **NEW SMYRNA BEACH FL 32168** 83 84 City 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE ☐ Change Addition THOMSON, JOHN NAME 1.2 NAME **702 PALMETTO ST** STREET ADDRESS 1.3 STREET ADDRESS NEW SMYRNA BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST- ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST- ZIP

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 recoiver 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.

1/92/64 (GAWY)/100