

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90043 007 ***158.75

DOCUMENT # P96000074783

1. Entity Name

Palmetto Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

724 Hwy. 98 East

Suite, Apt. #, etc.

Unit 201

City & State

Destin FLORIDA

Zip

32541

Country

USA

3. Mailing Address

724 Hwy 98 East

Suite, Apt. #, etc.

Unit 201

City & State

DESTIN FLORIDA

Zip

32541

Country

USA

4. FEI Number

59-3418176

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James W. Grimsley

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

25 Walter Martin Road, NE

City

Fort Walton BEACH FL

Zip Code

32548

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENRY, THOMAS B 724 Hwy 98 East, Unit 101 Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HENRY, SUSAN J. 724 Hwy 98 East, Unit 101 Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENRY TODD R. 4063 Burning Tree Drive Destin, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS B. HENRY JR.

Date

4/26/2002 (850) 654-4818

Daytime Phone #

CR2E034B (12/01)