

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000092980 (7)**

1. Corporation Name

THE VILLAGE GROUP, INC.

Principal Place of Business

**9770 BAYMEADOWS ROAD
#113
JACKSONVILLE FL 32256**

Mailing Address

**9770 BAYMEADOWS ROAD
#113
JACKSONVILLE FL 32256**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/13/1996

4. FEI Number

59-3409309

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 9838 Baymeadows Rd

Suite, Apt. #, etc.

22 #171

City & State

23 Jacksonville, FL

Zip

24 32256

Country

25 FLA

2a. Mailing Address

26 9838 Baymeadows Rd

Suite, Apt. #, etc.

27 #171

City & State

28 JAX, FL

Zip

29 32256

Country

30 FLA

9. Name and Address of Current Registered Agent

**ALLEN, GLENN K
353 EAST FORSYTH STREET
JACKSONVILLE FL 32202**

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	PD	<input type="checkbox"/> DELETE
NAME	PATTERSON, GUY	
STREET ADDRESS	9770 BAYMEADOWS RD, #113	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PATTERSON, DERYL	
STREET ADDRESS	9770 BAYMEADOWS RD, #113	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHEARER, JEFFREY D	
STREET ADDRESS	9770 BAYMEADOWS RD, #113	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	V	<input type="checkbox"/> DELETE
NAME	PATTERSON, GARY	
STREET ADDRESS	5462 HOUSTON DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Guy Patterson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	9838 Baymeadows Rd, #171	
1.3 STREET ADDRESS	JAX, FL 32256	
1.4 CITY-ST-ZIP		

2.1 TITLE	Deryl Patterson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	9838 Baymeadows Rd, #171	
2.3 STREET ADDRESS	JAX, FL 32256	
2.4 CITY-ST-ZIP		

3.1 TITLE	JEFF SHEARER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	9838 Baymeadows Rd, #171	
3.3 STREET ADDRESS	JAX, FL 32256	
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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.

CR2E034 (10/97)