

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90058 010 \*\*\*150.00

DOCUMENT # P96000104244

1. Corporation Name

WARRIOR GROUP, INC.

Principal Place of Business

10315 ARROW LAKES DRIVE EAST  
JACKSONVILLE FL 32257

Mailing Address

10315 ARROW LAKES DRIVE EAST  
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

59-3400996

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 795 STOKES LANDING ROAD

Suite, Apt. #, etc.

22 # E

City & State

23 ST AUGUSTINE FLORIDA

Zip

24 32095

Country

25 U.S.A.

2a. Mailing Address

26 BOX 11913

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE FLORIDA

Zip

29 32239

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

GORMAN, JOHN C JR  
10315 ARROW LAKEW DRIVE EAST  
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

GORMAN JOHN C. JR.

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

795 STOKES LANDING ROAD

83

84 City

ST AUGUSTINE

FL

85 Zip Code

32095

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 P ☐ DELETE

NAME GORMAN, JOHN C  
STREET ADDRESS 10315 ARROW LAKES DR E  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE T ☐ DELETE

NAME GORMAN, KAREN  
STREET ADDRESS BOX 11913 N/A  
CITY-ST-ZIP JACKSONVILLE FL 32239

TITLE S ☐ DELETE

NAME GLANACHI, PAUL  
STREET ADDRESS 11066 BAYSHORE DR SOUTHWEST  
CITY-ST-ZIP TRAVERSE CITY MI 49684

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

PAUL GLANACHI, PRES. 4/27/99 (904) 260-3878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0044581