

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 06, 1999 8:00 am**  
**Secretary of State**

08-06-1999 90004 006 \*\*\*550.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000084677**

1. Corporation Name

**THE CAREER GROUP, INC.**



Principal Place of Business

10830 POND RIDGE DR  
FT MYERS FL 33913

Mailing Address

10830 POND RIDGE DR  
FT MYERS FL 33913

*misspelled*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1998

2. Principal Place of Business

21 10830 POND RIDGE DRIVE

2a. Mailing Address

26 10830 POND RIDGE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT. MYERS FL

City & State

28 FT. MYERS FL

Zip

24 33913

Country

25 USA

Zip

29 33913

Country

30 USA

4. FEI Number

65-0866427

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 the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HOOD, WILLIAM S.  
10830 POND RIDGE DR  
FT MYERS FL 33913

*misspelled*

10. Name and Address of New Registered Agent

81 Name

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

10830 POND RIDGE DRIVE

83

84 City

FT. MYERS FL

FL

85 Zip Code

33913

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 WILLIAM S. HOOD, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/2/99

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT, DIRECTOR ☐ DELETE

NAME WILLIAM S. HOOD

STREET ADDRESS 10830 POND RIDGE DRIVE

CITY-ST-ZIP FT MYERS, FL 33913

TITLE SECRETARY, TREASURER, DIRECTOR ☐ DELETE

NAME JACQUELYN A. HOOD

STREET ADDRESS 10830 POND RIDGE DRIVE

CITY-ST-ZIP FT. MYERS, FL 33913

TITLE --- ☐ DELETE

NAME ---

STREET ADDRESS ---

CITY-ST-ZIP ---

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 DIRECTOR ☐ Change ☒ Addition

1.2 NAME MARY F. HOOD

1.3 STREET ADDRESS 2674 WINKLER AVENUE # 511

1.4 CITY-ST-ZIP FT. MYERS, FL 33901

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.

SIGNATURE: WILLIAM S. HOOD, President 8/2/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0087395