

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90004 023 \*\*\*150.00

DOCUMENT # **P98000100717**

1. Corporation Name

**THE SENIOR GROUP, INC.**



Principal Place of Business

**206 QUAIL AVENUE  
SEBRING FL 33872**

Mailing Address

**P.O. BOX 1885  
SEBRING FL 33872**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/30/1998**

4. FEI Number

**650-87-6997**

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

2. Principal Place of Business

**21 5317 GRANADA BLVD**

Suite, Apt. #, etc.

2a. Mailing Address

**26 P.O. BOX 1885**

Suite, Apt. #, etc.

City & State

**23 SEBRING FL**

Zip Country

**24 33872 25 USA**

City & State

**28 SEBRING FL**

Zip Country

**29 33871-1885 30 USA**

9. Name and Address of Current Registered Agent

**WALKER, MATTHEW B  
206 QUAIL AVENUE  
SEBRING FL 33872**

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

**MATTHEW B WALKER PRESIDENT MATTHEW B WALKER PRES. 7-12-99**

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 **D** ☐ DELETE

NAME **WALKER, MATTHEW B.**

STREET ADDRESS **206 QUAIL AVENUE**

CITY-ST-ZIP **SEBRING FL 33872**

TITLE **PST** ☐ DELETE

NAME **WALKER, MATTHEW B**

STREET ADDRESS **206 QUAIL AVENUE**

CITY-ST-ZIP **SEBRING FL 33872**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

**MATTHEW B WALKER MATTHEW B WALKER PRESIDENT 7-12-99**

(941)402-2238

Department of State

Enclosed is the \$150<sup>00</sup> original fee. I did not receive the first packet until after the May 15<sup>th</sup>

deadline. Please accept this as

we are a new start. Finally this

month we:

- A. Acquired our first asset

- B. Opened checking account

- C. Received our Stock Certificate

Thank You for your understanding  
in this matter

Respectfully,

Matthew B Walker  
President