FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:47

DOCUMENT # **S61955** **(8)**

1. Corporation Name
CENTRAL FLORIDA INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
715 ROCKINGHAM AVENUE TAVARES FL 32778	715 ROCKINGHAM AVENUE TAVARES FL 32778

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3074275	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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PORTER, SCOTT R.
1035A WEST DIXIE AVENUE
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name: Joseph E. Hanson
82 Street Address (P.O. Box Number is Not Acceptable): 925 East Ninth Avenue
83
84 City: Mount Dora FL 85 Zip Code: 32757

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: Joseph E. Hanson (Signature of new registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstated) DATE: 3-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	COUGHLIN, TIM P.	12 NAME	
STREET ADDRESS	715 N. ROCKING HAM AVE.	13 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	RUFF, TIMOTHY J.	22 NAME	
STREET ADDRESS	1403 N. CRYSTAL CRT.	23 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	COUGHLIN, DENNIS	32 NAME	
STREET ADDRESS	303 IONTHE ST.	33 STREET ADDRESS	
CITY ST ZIP	TAVARES FL	34 CITY ST ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	HANSON, JOE	42 NAME	
STREET ADDRESS	5555 ROUNDLAKE RD.	43 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, DENNIS	52 NAME	
STREET ADDRESS	719 SCENIC DR.	53 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Joseph E. Hanson — Joseph E. Hanson — 3-14-95 — 904 753-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061896 CP