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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90037 015 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S70874

1. Corporation Name

FERRELL GROUP, INC.

Principal Place of Business

7607 19TH AVE. N.W.
BRADENTON FL 34209
US

Mailing Address

7607 19TH AVENUE. NW
BRADENTON FL 34209
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1991

4. FEI Number

65-0275145

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

9. Name and Address of Current Registered Agent

FERRELL, JOSEPH C.
7607 19TH AVENUE, NW
BRADENTON FL 34209

2a. Mailing Address

26 P.O. Box 723177

27 Suite, Apt. #, etc.

28 Atlanta, GA.

29 Zip 31139-3177 30 Country USA

10. Name and Address of New Registered Agent

81 Name

JOSEPH C. FERRELL, II

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

83 136 Boardwalk St.

84 City Tallahassee

FL

85 Zip Code 32301

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE JOSEPH C. FERRELL
Signature, typed or printed name of registered agent and title if applicable.

Joseph C. Ferrell, II

1-7-99
DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | OD | <input type="checkbox"/> DELETE |
| NAME | GILLET, CHRISTOPHER R. | |
| STREET ADDRESS | 7607 19TH AVENUE, NW 110 EAGLE RIDGE DR | |
| CITY-ST-ZIP | BRADENTON FL Canton, GA 30114 | |
| TITLE | OD | <input type="checkbox"/> DELETE |
| NAME | FERRELL, JOSEPH C. | |
| STREET ADDRESS | 7607 19TH AVENUE, NW | |
| CITY-ST-ZIP | BRADENTON FL | |
| TITLE | OD | <input type="checkbox"/> DELETE |
| NAME | FERRELL, SANDRA B | |
| STREET ADDRESS | 7607 19TH AVE NW | |
| CITY-ST-ZIP | BRADENTON FL 34209 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-99 770 649 9065

CR2E034 (11/98)

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