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

APPROVED AND FILED
[illegible] MAY -1 [illegible] 1:05
[illegible] TALLAHASSEE, FLORIDA

DOCUMENT # **S98495** **(2)**

1. Corporation Name
THE PRECEDENT GROUP, INC.

Principal Place of Business
101 WYMORE RD.
STE. 337
ALTAMONTE SPRINGS FL 32714
US

Mailing Address
101 WYMORE RD.
STE 337
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3096563 — Applied For / Not Applicable

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

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 [illegible] Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BOROUGHS GRIMM & BENNETT PROF. ASSOCIATION
201 E. PINE ST.
SUITE 500
ORLANDO FL 32801

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 [illegible] 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 [illegible]

12. OFFICERS AND DIRECTORS

TITLE	STP
NAME	DURKIN, STEVEN M.
STREET ADDRESS	1233 ACADEMY DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL
TITLE	V
NAME	DILLARD, BRIAN
STREET ADDRESS	870 BLACKLAND TERRANCE #308
CITY-ST-ZIP	APOPKA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks, each: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition)

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)(k), 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5-1-95 — Date
(407)862-8899 — Daytime Phone

0000410 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # S98546 (2)

1. Corporate Name
GRIEGER FAMILY CORPORATION, INC.

Principal Place of Business
P.O. BOX 2581
PORT CHARLOTTE FL 33949

Mailing Address
P.O. BOX 2581
PORT CHARLOTTE FL 33949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. # or Rm.
22

Suite, Apt. # or Rm.
27

City & State
23

City & State
28

24 25 29 30

4. FEI Number: 65-0319589
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

9. Name and Address of Current Registered Agent

MATTHEW, JAMES R.
22212 MONTROSE AVE.
PORT CHARLOTTE FL 39952

10. Name and Address of New Registered Agent

91 Name

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

93

94 City FL 95 Zip Code

11. Pursuant to the provisions of Section(s) 607.0505 and/or 617.1505, 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
(Registered Agent's Signature, if Registered Agent is Changing) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
81 D 82 NAME: GRIEGER, HEINZ 83 STREET ADDRESS: 21325 EDGEWATER DR. 84 CITY, ST, ZIP: PORT CHARLOTTE FL	☐ Change ☐ Addition
81 D 82 NAME: GRIEGER, MARY 83 STREET ADDRESS: 21325 EDGEWATER DR. 84 CITY, ST, ZIP: PORT CHARLOTTE FL	☐ Change ☐ Addition
81 82 NAME 83 STREET ADDRESS 84 CITY, ST, ZIP	☐ Change ☐ Addition
81 82 NAME 83 STREET ADDRESS 84 CITY, ST, ZIP	☐ Change ☐ Addition
81 82 NAME 83 STREET ADDRESS 84 CITY, ST, ZIP	☐ Change ☐ Addition
81 82 NAME 83 STREET ADDRESS 84 CITY, ST, ZIP	☐ Change ☐ Addition

14. I declare I 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 corporation has filed its annual report or supplemental annual report to date and is current 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: HEINZ GRIEGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1 95 629 30 53
Date Telephone Number

0481832 FP