

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

INFORMATION  
ANNUAL REPORT  
1995



OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
3900 GULF BLVD., SUITE 1000  
TALLAHASSEE, FLORIDA 32309-0001

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S99242**

**(7)**

1. Corporation Name

**INVESTMENTS GROUP, INC.**

Principal Place of Business

**900 KAY RD NE  
BRADENTON FL 34202**

Mailing Address

**900 KAY RD NE  
BRADENTON FL 34202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/09/1991**

3a. Date of Last Report

**03/14/1994**

4. FBI Number

**65-0299028**

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

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

2a. Mailing Address

**25**

Suite, Apt. #, etc.

**26**

City & State

**27**

Zip

Country

**28**

Zip

Country

**29**

Zip

Country

**30**

9. Name and Address of Current Registered Agent

**BENNETT, THOMAS C., JR.  
900 KAY RD NE  
BRADENTON FL 34202**

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

(Signature Required for Principal Officer, Secretary, and Treasurer)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**P**

NAME

**BENNETT, THOMAS C., JR.**

STREET ADDRESS

**900 KAY RD NE**

CITY - ST - ZIP

**BRADENTON FL**

TITLE

**VPTS**

NAME

**BENNETT, RICHARD C**

STREET ADDRESS

**2020 WELLON RANCH ROAD**

CITY - ST - ZIP

**PARRISH 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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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. If I am an officer or director of the corporation or the incorporator or trustee, I shall sign this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

*Thomas C Bennett Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95  
Date

813 755 3379  
Telephone