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
95 FEB 17 PM
SECRETARY OF S
TALLAHASSEE, FL

DOCUMENT # V14965 (0)

1. Corporation Name
STATEWIDE SECURITIES GROUP, INC.

Principal Place of Business	Mailing Address
7820 SOUTH HOLIDAY DRIVE SARASOTA FL 34231	7820 SOUTH HOLIDAY DRIVE SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/18/1992
3a. Date of Last Report: 03/15/1994

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

4. FEI Number: 65-0312894 ☐ 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

HEINA, FRED L.
7820 SOUTH HOLIDAY DRIVE
SUITE 280
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name: Tom VASSALLO
82 Street Address (P.O. Box Number is Not Acceptable): 1717 PELICAN COVE RD
83
84 City: SARASOTA FL 85 Zip Code: 34231

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: _____ 1/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	GAYHEART, HIGGINS	1.2 NAME		
STREET ADDRESS	4188 LOSILLIAS DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	~~D~~	2.1 TITLE		☐ Change ☐ Addition
NAME	~~HEINS, FRED L.~~	2.2 NAME		
STREET ADDRESS	~~4281 WINNERS CIR #721~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~SARASOTA FL~~	2.4 CITY-ST-ZIP		
TITLE	~~S~~	3.1 TITLE		☐ Change ☐ Addition
NAME	~~LAHR, RICHARD~~	3.2 NAME		
STREET ADDRESS	~~10705 FOREST RUN DR.~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~BRADENTON FL~~	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☐ Change ☒ Addition
NAME	TOM VASSALLO	4.2 NAME	THOMAS M VASSALLO	
STREET ADDRESS	1717 PELICAN COVE RD	4.3 STREET ADDRESS	1717 PELICAN COVE RD	
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ 1/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR Date Daytime Phone #

0330074 CP