

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 28 1996 8:00 am
Secretary of State

DOCUMENT # V 54991

1. Corporation Name
THE DESOTO INVESTMENT GROUP, INC

Principal Place of Business Mailing Address
5164 S. FLORIDA AVENUE
INVERNESS FL 34450

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 5164 S. FLORIDA AV
22 City & State 27 Suite, Apt. #, etc.
23 City & State 28 INVERNESS FL
24 Zip 25 Country 29 34450 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report
07-30-92 JAN 12, 96
4. FEI Number Applied For
59-3172017 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

JACQUES OLIVIER
650 E. DAKOTA CT.
HERNANDO FL 34442

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 607.1503, 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 typed or printed (Name of registered agent or officer or director)

Signature typed or printed (Name of registered agent or officer or director)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD JACQUES OLIVIER ☐ DELETE
NAME S
STREET ADDRESS 650 E. DAKOTA CT
CITY-ST-ZIP HERNANDO FL 34442
TITLE V SOPHIE L. OLIVIER ☐ DELETE
NAME
STREET ADDRESS 650 E. DAKOTA CT
CITY-ST-ZIP HERNANDO FL 34442
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP
17. TITLE ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP
21. TITLE ☐ Change ☐ Addition
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23. STREET ADDRESS
24. CITY-ST-ZIP
25. TITLE ☐ Change ☐ Addition
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29. TITLE ☐ Change ☐ Addition
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33. TITLE ☐ Change ☐ Addition
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37. TITLE ☐ Change ☐ Addition
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45. TITLE ☐ Change ☐ Addition
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85. TITLE ☐ Change ☐ Addition
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88. CITY-ST-ZIP
89. TITLE ☐ Change ☐ Addition
90. NAME
91. STREET ADDRESS
92. CITY-ST-ZIP
93. TITLE ☐ Change ☐ Addition
94. NAME
95. STREET ADDRESS
96. CITY-ST-ZIP
97. TITLE ☐ Change ☐ Addition
98. NAME
99. STREET ADDRESS
100. 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)(a), 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 recorder 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:

JACQUES OLIVIER

5/21/96 352 344 21 00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)