

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

DOCUMENT # **M19690** (0)

1. Corporation Name

TIGER INDUSTRIES, INC.



Principal Place of Business

**C/O CHARLES STRANGER
89 NW 8 ST
BOCA RATON FL 33432
US**

Mailing Address

**TIGER INDUSTRIES, INC.
89 NW 8ST.
BOCA RATON FL 33432
US**

3. Date Incorporated or Qualified

08/20/1985

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

25

4. FEI Number

59-2573774

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

**GIGGEY, WILLIAM C
89 NW 8ST.
BOCA RATON FL 33432**

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 607.1506, 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 and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD STRANGER, CHARLES**
STREET ADDRESS **89 NW 8ST.**
CITY-ST-ZIP **BOCA RATON FL 33432**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD GIGGEY, WILLIAM C**
STREET ADDRESS **89 NW 8 ST**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **TD WILLIAM C GIGGEY**
2.3 STREET ADDRESS **89 NW 8 ST.**
2.4 CITY-ST-ZIP **BOCA RATON, FLA 33432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **TERRY R. GIGGEY**
3.3 STREET ADDRESS **89 NW 8 ST**
3.4 CITY-ST-ZIP **BOCA RATON FLA. 33432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **JOSEPH F. LANDERS**
4.3 STREET ADDRESS **89 NW 8 STREET**
4.4 CITY-ST-ZIP **BOCA RATON, FLA 33432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **ROBERT J. MCGUIRE**
5.3 STREET ADDRESS **89 NW 8 STREET**
5.4 CITY-ST-ZIP **BOCA RATON, FLA 33432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **DEBRA L. GIGGEY**
6.3 STREET ADDRESS **89 NW 8 ST.**
6.4 CITY-ST-ZIP **BOCA RATON FLA 33432**

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: x

William C Giggey **William C Giggey** 4/29/96 368-8424 (407)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)