## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000097728 (6)

SGH, INC.

## **FILED** Apr 23 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 4038 LAFAYETTE STREET P.O. BOX 1135								
MARIANNA FL	32446	Marianna Fl 32446-113 US	35					
					3. Date Incorporated or Qualified 12/21/1995		e of Last Re 1 <b>0/1996</b>	eport
2. Principal Pl	2a. Mailing Address		<del></del>	4. FEI Number	<del></del>		plied For	
21		26			59-3352367   Not Applicable			
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to	
Ζp	Country	Zıp	Cou	ntry	8. This corporation has liability for	intengible ta	ax under s.	199.032
24	25	29	30			Yes 🗆		
	9. Name and Address of Cui	rent Registered Agent		81 Name	10. Name and Address of New Re	gistered Ag	jent	
HUTTON, STEPHEN G				Name				
	8 LAFAYETTE STREET RIANNA FL 32446		<b>82</b> Str		ddress (P.O. Box Number is Not Acceptable)			
				83		,,,,,,		
				84 City		FL	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statu	ites, the al	ove-named cor	poration submits this statement for the p	ourpose of o	hanging it	s registered
office or n agent. La	egistered agent, or both, in the Si in familiar with, and accept the of	tate of Florida. Such change was oligations of, Section 607.0505, F	authorizea Iorida Stat	d by the corpora utes.	ation's board of directors. I hereby accept	ot the appoi	ntment as	registered
SIGNATURE		î.						
	Signal ire, type if or printed harne of registered	····	TE: Registered	Agent signature requ	uired when reinstating)	DATE		
12.		OFFICERS AND DIRECTORS  PVST DELETE			ADDITIONS/CHANGES TO OFFIC		☐ Change	S IN 12 Addition
TIFLE NAME	HUTTON, STEPHEN G	C precie	1.1 T/ 1.2 N/			<u>,                                    </u>	Change	Addition
STREET ADDRESS	POST OFFICE BOX 1135	N/A		REET ADDRESS				
C/TY+S1+ZIP	MARIANNA FL 32446	• • • • • • • • • • • • • • • • • • • •		TY-ST-ZIP				
Tillé	DELETE			LE .			Change	Addition
NAME:			22 N/	IME				
STREET ADDRESS			2351	REET ADDRESS				
CITY - ST - ZIP			240	TY-ST-ZIP.				
TITLE		☐ DELETE	31 11	1		[	Change	☐ Addition
NAME			32 N/		:			
STREET ADDRESS			1	REET ADDRESS				
COLV-SI-7-1		DELETE		TY-ST-ZIP			Change	Addition
TifLf	II.	בן טננניג	4.1 11			L	T Curanião	Muulioir
NAME STREET ADDRESS			4.2 N	REET ADDRESS				
i				TY-ST-ZIP				
CITY-ST ZIP TITLE		☐ DELETE	5.1 T(				Change	Addition
NAME			5.2 N/	i		-		
STREET ADDRESS			E .	REET ADDRESS				
CHY-ST-ZIP				TY-ST-ZIP				
TI'LE		☐ DELETE	6.1 TI	***************************************		<u>-</u>	Change	Addition
NAME			6.2 N/			_		
STREET ADDRESS			1	REET ADDRESS				
CITY-ST ZIP				TY-ST-ZIP				
0.11 01 11	l		9.4 01					

14. I do horeby certify that the information supplied with this filing 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 137 changed, or on an attachment with an address.

POKEN G. HUTTON 1/7/97 904526-4428