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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P94000077045 (0)**

1. Corporation Name  
**S.G.B.G. ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602**      **501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/20/1984**      3a. Date of Last Report

4. FEI Number: **65-0532541**      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 intangibles tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      Country      28. Zip      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**VASH, DALE W  
501 E. KENNEDY BLVD.  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE: **D**  
NAME: **GEHL, ROBERT J**  
STREET ADDRESS: **7031 BAYSHORE DRIVE**  
CITY - ST - ZIP: **LONGBOAT KEY FL 34228**

TITLE: **D**  
NAME: **GEHL, SHARON**  
STREET ADDRESS: **7031 BAYSHORE DRIVE**  
CITY - ST - ZIP: **LONGBOAT KEY FL 34228**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *R.J. Gehl*      **R.J. GEHL**      April-13-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (System Name)