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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:24

DOCUMENT # 443878 (4)

1. Corporation Name
T.I.G. CORPORATION

Principal Place of Business	Mailing Address
5898 CHANTECLAIR DR. APT. 411 NAPLES FL 33963	5898 CHANTECLAIR DR. APT. 411 NAPLES FL 33963

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1973
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1585345 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1727 ALAMANDA DR.	26 1727 ALAMANDA DR
Suite, Apt. #, etc. 22 RESIDENCE, APT.	Suite, Apt. #, etc. 27
City & State 23 BOCA NAPLES FL	City & State 28 NAPLES FL
Zip / Country 24 33940 / 25 USA	Zip / Country 29 33940 / 30 USA

9. Name and Address of Current Registered Agent

OTTEN,ROGER H.)
5898 CHANTECLAIR DR.
APT.411
NAPLES FL 33963

10. Name and Address of New Registered Agent

91 Name: RICHARD A. FAUST
92 Street Address (P.O. Box Number is Not Acceptable)
93 1727 ALAMANDA DRIVE
94 City: NAPLES FL 95 Zip Code: 33940

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: RICHARD A FAUST — 3/5/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating! DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CECIL,WILLIAM H.
STREET ADDRESS	1698 IXORA DR.,
CITY-ST-ZIP	NAPLES FL
TITLE	STD
NAME	OTTEN,ROGER .
STREET ADDRESS	5898 CHANTECLAIR SR.
CITY-ST-ZIP	NAPLES FL
TITLE	VPD
NAME	FAUST, RICHARD
STREET ADDRESS	4950 GOLDEN GATE PKY.
CITY-ST-ZIP	NAPLES FL.
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 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: Roger H. Otten — 9 Mr 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

031109 CP