

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Norman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 690413 (0)

1. Corporation Name:
SIGGUN, INC.

Principal Place of Business
% 1716 SOUTH LAKESIDE COURT
VENICE FL 34293

Mailing Address
% 1716 SOUTH LAKESIDE COURT
VENICE FL 34293

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

APPROVED AND FILED
95 MAY -1 AM 10:05
STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1981	3a. Date of Last Report 02/23/1994
4. FEI Number 59-2142367	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	

9. Name and Address of Current Registered Agent EVE, JR., ARTHUR 1440 LAKESIDE DRIVE VENICE FL 34293	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 607.0502, Florida Statutes.

SIGNATURE: *Arthur Eve Jr.* (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY ST ZIP PTD GEBEL, GUNTHER 1716 SOUTH LAKESIDE CT VENICE, FL 0	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP VSD GEBEL, SIGRID 1716 SOUTH LAKESIDE CT VENICE, FL 0	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY ST ZIP
TITLE NAME STREET ADDRESS 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)(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 Sigrid Gebel* Date: *May 1st, 95*

Signature of Officer or Director