

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY -1 PM 1:32

DOCUMENT # F94000002206 (0)

1. Corporation Name

SIGMA CONSULTING GROUP, INC.

Principal Place of Business

**14423 OLD HAMMOND HWY.
BATON ROUGE LA 70816**

Mailing Address

**14423 OLD HAMMOND HWY.
BATON ROUGE LA 70816**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/28/1994

4. FEI Number

72-1105441

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. The corporation has liability for intangible tax under S. 109.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**GAULT, MAURICE ALLEN JR
1665 KIRKMAN RD.
SUITE 356
ORLANDO FL 32811**

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

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 of Agent or person authorized to register agent and that is acceptable

Signature of Registered Agent or person authorized to register agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRASUELL, STEPHEN J
STREET ADDRESS	17041 CHADS FORD
CITY, ST, ZIP	BATON ROUGE LA 70817
TITLE	V
NAME	DOOLEY, MICHAEL N
STREET ADDRESS	3540 STEVENDALE RD.
CITY, ST, ZIP	BATON ROUGE LA 70819
TITLE	Treasurer
NAME	Miles, B. Williams
STREET ADDRESS	223 Shady Lake Pkwy
CITY, ST, ZIP	Baton Rouge, LA 70810
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. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☒ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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(4)(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 person or persons 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 to this report.

SIGNATURE:

Stephen J. Brasuell
SIGNATURE (ID TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR)

STEPHEN J. BRASUELL 4/20/95 504-275-4280
DATE