

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 5: 53

DOCUMENT # G50549

(6)

1. Corporation Name

LTG INC.

Principal Place of Business

**2096 50th Terrace SW
FORT MYERS FL 33907
US**

Mailing Address

**567 ELKAM CIRCLE
POST PLAZA CENTER
MARCO ISLAND FL 33937**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1983

3a. Date of Last Report

02/16/1994

4. FEI Number

59-2312292

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

**21 2096 50th Terrace S.W.
Suite, Apt. #, etc.**

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Naples, Florida 33999

City & State

28

Zip

Country

25 USA

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WILLIAM D KRAMER
POST PLAZA CENNTER
567 ELKAM CIRCLE
MARCO ISLAND FL 33937**

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 607.1508, 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when restoring.)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PST
NAME GREENOUGH, LEE C
STREET ADDRESS 2096 50 TERR SW
CITY, ST, ZIP NAPLES, FL 00000**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

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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
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY, ST, ZIP**

**2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY, ST, ZIP**

**3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY, ST, ZIP**

**4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY, ST, ZIP**

**5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY, ST, ZIP**

**6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY, ST, ZIP**

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, 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 in an amendment with a checkmark.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/10/95
Date

813-992-7555
Daytime Phone #