

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

**APPROVED
AND
FILED**

95 APR 11 PM 3:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H62370

(2)

1. Corporation Name

SSGB ENTERPRISES, INC.

Principal Place of Business

**126 LELAND WAY
MARCO ISLAND FL 33937**

Mailing Address

**126 LELAND WAY
MARCO ISLAND FL 33937**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/13/1985

3a. Date of Last Report

08/30/1994

4. FEI Number

59-2560207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 1741 Hawaii Court

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MARCO ISLAND FLORIDA

Zip

Country

24 33937

Zip

Country

25

30

9. Name and Address of Current Registered Agent

**SHARP, BRUCE R.
126 LELAND WAY
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 registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PDS
NAME SHARP, BRUCE R.
STREET ADDRESS 126 LELAND WAY
CITY ST ZIP MARCO ISLAND FL**

**TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

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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 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:

Bruce R. Sharp

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT REGISTERED AGENT

3-30-95

Date

(Typed Name)