

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

CORPORATION
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # H79288

(7)

MAY -1 AM 8:23

AUGER & G INVESTMENTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1119 48TH ST. #6
PO BOX 8278
WEST PALM BEACH FL 33407

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PO BOX 8278
WEST PALM BEACH FL 33407

2. Principal Office		2a. Mailing Office		3. Date of Incorporation		3a. Date of Filing	
21. 1119 48th Street		26. 1119 48th Street		10/01/1985		03/16/1994	
22. Bay #6		27. Bay #6		4. Filing Number		Applied For	
23. Mangonia Park FL		28. Mangonia Park FL		59-2584341		Not Applicable	
24. 33407		29. 33407		5. Certificate of Status Desired		8.75 Additional Fee Required	
25. U.S.A.		30. U.S.A.		☒ Yes ☐ No		5.00 May Be Added to Fees	
26. 33407		27. 33407		6. Factor Stamp with Filing Fee		☐ Yes ☒ No	
28. U.S.A.		29. U.S.A.		7. This corporation has liability for which there is no other person or entity		☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

AUGER, MAURICE PAUL
1119 48TH ST., #6
MANGONIA PARK FL 33407

10. Name and Address of New Registered Agent

81. Name	85. State
82. Street Address (P.O. Box Number or Not Applicable)	FL
83. City	
84. State	

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statute, this above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. The change was made in the report of the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the board of directors of the corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADAPTED FROM FORM 13.0001 (REV. 1/94) ADDITIONAL TO BE FILED	
NAME	D AUGER, MAURICE PAUL	NAME	
STREET ADDRESS	1119 48TH ST., #6	STREET ADDRESS	
CITY	MANGONIA PARK FL	CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	

14. I, the undersigned, certify that the information supplied in this report is true and correct and that the corporation has complied with the provisions of the Florida Statutes. I further certify that the information supplied in this report is true and correct and that the corporation has complied with the provisions of the Florida Statutes. I further certify that the information supplied in this report is true and correct and that the corporation has complied with the provisions of the Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 (403) 844 6009