

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
SUNSHINE STATEMENT
Annual Report of the
Florida Department of State

APPROVED
AND
FILED

05 MAY -1 AM 10:02

DOCUMENT # **H84502**

(4)

STAIGER ENTERPRISES, INCORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office Address 10200 MADDOX LN BONITA SPGS FL 33923 US		2a. Mailing Address 10200 MADDOX LN BONITA SPGS FL 33923 US		3. Date incorporated in 12 month 11/07/1985		3a. Date of Last Report 05/01/1994	
2. Principal Officer of the Corporation 21	2a. Mailing Address 26		4. FCI Number 59-2642328		Applied For ☐ Not Applicable		
22. Name of Agent 22	2a. Mailing Address 27		5. Certificate of Status Entered ☐		\$8.75 Additional Fee Required		
23. City & State 23	2a. City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees		
24. City & State 24	25. City & State 25	29. City & State 29	30. City & State 30	8. This corporation has liability for all disputes for under 5. 100000 Exempt from fee ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

**STAIGER, GARTH D.
25085 LUCI DR.
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address of Current Registered Agent (Not Applicable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 602.01, 602.02, and 602.03, Florida Statutes, this statement for the purpose of changing the registered office or registered agent or both in the State of Florida has been authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibility as defined in the Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND SECRETARIES	
NAME	PDP STAIGER, GARTH 10200 MADDOX LN BONITA SPGS FL	NAME	
ADDRESS	VST STAIGER, BETTY J. 10200 MADDOX LN BONITA SPGS FL	ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP		ZIP	

14. I, the undersigned, certify that the information supplied in this statement is complete, true and correct, and that the corporation is in good standing with the State of Florida. I am familiar with and accept the responsibility as defined in the Florida Statutes.

SIGNATURE *Garth D. Staiger* **BETTY J. STAIGER**

4-26-95

813.992-2800