

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # H84502 (4)**  
1. Corporation Name  
**STAIGER ENTERPRISES, INCORPORATION**



Principal Place of Business: 10200 MADDOX LN, BONITA SPGS FL 33923 US  
Mailing Address: 10200 MADDOX LN, BONITA SPGS FL 34135-7639 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 11/07/1985  
3a. Date of Last Report: 04/16/1996  
4. FEI Number: 59-2642328  
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

9. Name and Address of Current Registered Agent  
**STAIGER, GARTH D.  
25685 LUGI DR.  
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent  
81 Name: **STAIGER, GARTH D.**  
82 Street Address (P.O. Box Number is Not Acceptable): **10591 ANKENY LANE**  
84 City: **BONITA SPRINGS FL** 85 Zip Code: **34135**

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: \_\_\_\_\_ (NOT: Registered Agent signature is quoted when receiving) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PDP	<input type="checkbox"/> DELETE
NAME	STAIGER, GARTH	
STREET ADDRESS	10200 MADDOX LN	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	STAIGER, BETTY J.	
STREET ADDRESS	10200 MADDOX LN	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Betty J. Staiger* **BETTY J. STAIGER** 4-8-97 941-993-2800

CR2E034 (9/96)