

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1988.
AMOUNT DUE ON OR BEFORE 8/9/88: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -8 AM 10:16

DOCUMENT # J14412 (7)

1. Corporation Name

TRANS-CAPITAL INVESTMENT GROUP, INC.

Principal Place of Business

4014 GUNN HIGHWAY
SUITE 258
TAMPA FL 33624

Mailing Address

4014 GUNN HIGHWAY
SUITE 258
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/16/1986

3a. Date of Last Report

06/09/1984

4. FEI Number

59-2727890

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

6. This corporation has liability for interstate tax under s. 169.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUGHT, BARRY D.
4014 GUNN HWY SUITE 258
TAMPA FL 33624

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME HAUGHT, BARRY D
STREET ADDRESS 4014 GUNN HWY, SUITE 258
CITY - ST - ZIP TAMPA FL 33624

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE SD
NAME HAUGHT, PEGGY L
STREET ADDRESS 4014 GUNN HWY, SUITE 258
CITY - ST - ZIP TAMPA FL 33624

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VPD
NAME HAUGHT, BARRY DOUGLAS II
STREET ADDRESS 4014 GUNN HWY, SUITE 258
CITY - ST - ZIP TAMPA FL 33624

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE T
NAME SLEETH, ERNEST L
STREET ADDRESS 4014 GUNN HWY., SUITE 258
CITY - ST - ZIP TAMPA FL 33624

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME HAUGHT, BRIAN G.
STREET ADDRESS 4014 GUNN HWY, SUITE 258
CITY - ST - ZIP TAMPA FL 33624

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D
NAME HAUGHT, ROBERT J.
STREET ADDRESS 4014 GUNN HWY, SUITE 258
CITY - ST - ZIP TAMPA FL 33624

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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 or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/95

817-967-3994

Expiry 1 Year