

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 26, 1996 08:00 AM
Secretary of State

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**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

g. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/16/1986

3a. Date of Last Report

06/08/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **SD
HAUGHT, PEGGY L.**
STREET ADDRESS **4014 GUNN HWY, SUITE 258**
CITY-STATE-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

Barry D. Haught President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry D. Haught
Date

3/21/96
Date

813-968-2326
Daytime Phone #

CR2E034 (12/95)