

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

**\*CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J61278 (4)**

1. Corporation Name

**MIG SERVICES, INC.**

Principal Place of Business

**ONE CLEARLAKE CENTRE  
250 AUSTRALIAN AVE. SOUTH SUITE 400  
WEST PALM BEACH FL 33401**

Mailing Address

**ONE CLEARLAKE CENTRE  
250 AUSTRALIAN AVE. SOUTH SUITE 400  
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/11/1987**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0106211**

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

9. Name and Address of Current Registered Agent

**GUTIN, KATHLEEN L.  
ONE CLEARLAKE CENTRE  
250 AUSTRALIAN AVE. S., SUITE 400  
W PALM BCH. FL 33401**

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TPD  
WAYMAN, EDWIN B.  
250 AUSTRALIAN AVE. S., #400  
WEST PALM BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VSD  
WRIGHT, LARRY E.  
250 AUSTRALIAN AVE. S., #400  
WEST PALM BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
GUTIN, KATHLEEN  
250 AUSTRALIAN AVE. S., #400  
W PALM BCH. FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
WHATLEY, CAROLYN L.  
250 AUSTRALIAN AVE. S., #400  
W PALM BCH. FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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 incorporator 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 or is changed for or on an attached page with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LARRY E. WRIGHT**

**VICE-PRESIDENT 2/15/95 (401) 820-1300**