FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY 11 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M76692** (6)

1. Corporation Name

M.I.G., INC.

Principal Place of Business	Mailing Address
2806 SPRING DR. MERRITT ISLAND FL 32952	494 ATLANTIC AVE STE 212 COCOA BCH FL 32931 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 494 S ATLANTIC AVE	2a. Mailing Address:
Suite, Apt. # etc: Apt 212	Suite, Apt. # etc:
City & State: Cocoa Beach, Fla.	City & State:
Zip: 32931 County: Brevard	Zip: County:

3. Date Incorporated or Qualified: **04/14/1988**
3a. Date of Last Report: **04/19/1994**
4. FEI Number: **59-2932661** — 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

GILLESPIE, WILLIAM E.
494 S. ATLANTIC AVE.
STE 212
MERRITT ISLAND FL 32952

10. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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: William E. Gillespie — 6/3/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ Change ☐ Addition
NAME	GILLESPIE, WILLIAM E.	
STREET ADDRESS	494 S. ATLANTIC AVE NO. 212	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DV	☐ Change ☐ Addition
NAME	GILLESPIE, CAMPBELL H.	
STREET ADDRESS	1101 S. ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DT	☐ Change ☐ Addition
NAME	GILLESPIE, JEANNE C.	
STREET ADDRESS	494 S. ATLANTIC AVE. NO. 212	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	DS	☐ Change ☐ Addition
NAME	GRASS, IRVING	
STREET ADDRESS	142 MINUTEMEN CAUSEWAY	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 119.07(1)(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: William E. Gillespie William E. Gillespie 6/3/95 783-2636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

000030 CP