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

[redacted] AND FILED

95 APR 17 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000073973 (8)**

1. Corporation Name
SIXEL, INC.

Principal Place of Business	Mailing Address
PO BOX 541 NEW PORT RICHEY FL 34656-0541	PO BOX 541 NEW PORT RICHEY FL 34656-0541

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/26/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 1920 Sandra Drive	26 1920 Sandra Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Clearwater FL	28 City & State: Clearwater FL
24 Zip: 34624 25 Country: NA	29 Zip: 34624 30 Country: NA

4. FEI Number: **59-3222194** ☐ 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

TINGLEY, CURT J
12088 ANDRESON RD
SUITE 200
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name: Tingley, Curt J
82 Street Address (P.O. Box Number is Not Acceptable): 1920 Sandra Drive
83
84 City: Clearwater **FL** 85 Zip Code: 34624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☑ Change ☐ Addition
NAME	TINGLEY, CURT J	12 NAME	
STREET ADDRESS	12088 ANDERSON RD	13 STREET ADDRESS	1920 Sandra Drive
CITY-ST-ZIP	TAMPA FL 33625	14 CITY-ST-ZIP	Clearwater FL 34624
TITLE	ST	21 TITLE	☑ Change ☐ Addition
NAME	NASTA, PAULINE	22 NAME	Pauline Tingley
STREET ADDRESS	PO BOX 541 N/A	23 STREET ADDRESS	1920 Sandra Drive
CITY-ST-ZIP	NEW PORT RICHEY FL 34656-0451	24 CITY-ST-ZIP	Clearwater FL 34624
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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(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: Pauline Tingley 4-10-95 8134470789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490348 FP