

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**95 APR 26 AM 8:31**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # P94000023563 (7)**

1. Corporation Name

**SONGIB ENTERPRISES, INC.**

Principal Place of Business

**1107 KEY PLAZA  
KEY WEST FL 33040**

Mailing Address

**1510 18TH STREET  
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**03/08/1994**

3a. Date of Last Report

4. FEI Number

**65-0466627**

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

7. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

**1107 KEY PLAZA**

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

**33040**

**MONROE**

9. Name and Address of Current Registered Agent

**PIETRASLUK, JAMES W  
1510 18TH STREET  
KEY WEST FL 33040**

81

Name

**NICHOLAS S. GIBSON**

82

Street Address (P.O. Box Number is Not Acceptable)

**1107 KEY PLAZA**

83

84

City

**KEY WEST**

**FL**

85

Zip Code

**33040**

10. Name and Address of New Registered Agent

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

*Nicholas S. Gibson*

**NICHOLAS S. GIBSON, PRESIDENT/DIRECTOR**

**3-31-95**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**PD**

NAME

**GIBSON, NICHOLAS W**

STREET ADDRESS

**1107 KEY PLAZA**

CITY - ST - ZIP

**KEY WEST FL 33040**

TITLE

**STD**

NAME

**GIBSON, DIANE J**

STREET ADDRESS

**1107 KEY PLAZA**

CITY - ST - ZIP

**KEY WEST FL 33040**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

**PRESIDENT/DIRECTOR**

☒ Change ☐ Addition

1.2 NAME

**NICHOLAS S. GIBSON**

1.3 STREET ADDRESS

**1107 KEY PLAZA**

1.4 CITY - ST - ZIP

**KEY WEST FL 33040**

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 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:**

*Nicholas S. Gibson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NICHOLAS S. GIBSON**

**3-31-95 (305) 292-4177**

Date

Telephone Number