

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000010104**

1. Corporation Name

PIGLE INCORPORATED

Principal Place of Business

Mailing Address

**6915 N. WICKHAM Rd.
MELBOURNE, FL 32940.**

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

159-32942425

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

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

City & State

24

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVENDRA R. Patel
Sol. Plantation Club Apt
Melbourne, FL 32940**

81 Name

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0522 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 the corporation

(NOTE: Registered Agent signature required when not dated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **DEVENDRA R. Patel**
CITY-ST-ZIP **6915 N. Wickham Rd Melbourne**

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

TITLE ☐ DELETE

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

TITLE ☐ DELETE

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

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108. TITLE

109. NAME

110. STREET ADDRESS

111. CITY-ST-ZIP

TITLE ☐ DELETE

112. TITLE

113. NAME

114. STREET ADDRESS

115. CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

06106190

Date

Display Phone #

CR2E034 (12/95)