

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 # P95000010480 (8)

1. Corporation Name
S G & SONS INC.



Principal Place of Business

1758 U.S. HWY. 1
SUITE 278
TEQUESTA FL 33469

Mailing Address

4758 U.S. HWY. 1 177 U.S. ONE
SUITE 278
TEQUESTA FL 33469

3. Date Incorporated or Qualified 02/07/1995 3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 150 U.S. ONE -

26 177 U.S. ONE

4. FEI Number 65-0553160 Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 20

27 278

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 TEQUESTA, FL

28 TEQUESTA, FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 33469

25 PALM BEACH

29 33469

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUINAN, STEVE
1758 U.S. HWY. 1
SUITE 278
TEQUESTA FL 33469

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 *Stephen Guinan*
Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

1/26/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D - PRESIDENT ☐ DELETE
NAME GUINAN, STEVE
STREET ADDRESS 16783 96TH TERR. NORTH
CITY - ST - ZIP JUPITER FL 33478
TITLE GAIL-MARIE GUINAN ☐ DELETE
NAME (SAME) SECRETARY/
STREET ADDRESS TREASURER
CITY - ST - ZIP
TITLE VICE-PRESIDENT ☐ DELETE
NAME BRIAN GUINAN
STREET ADDRESS (SAME)
CITY - ST - ZIP
TITLE DIRECTOR ☐ DELETE
NAME STEPHEN JOHN GUINAN
STREET ADDRESS (SAME)
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

300001744468
-03/15/96--01042--013
***200.00

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: *Stephen Guinan* STEPHEN GUINAN
Signature and typed or printed name of signing officer or director

1/26/96 407-746-1400
Date Daytime Phone #

CR2E034 (12/95)