

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 NOV 26 AM 9: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059490 (9)

1. Corporation Name

SIG FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

9700 KOGER BLVD., SUITE 308
ST. PETERSBURG FL 33702

9700 KOGER BLVD., SUITE 308
ST. PETERSBURG FL 33702

REINSTATEMENT

3. Date Incorporated or Qualified 08/02/1985 3a. Date of Last Report N/A

2. Principal Place of Business

2a. Mailing Address

21 220 EAST MADISON

26 220 E MADISON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 722

27 722

City & State

City & State

23 TAMPA FL

28 TAMPA FL

Zip 33602 Country USA

Zip 33602 Country

24 FL 25 USA

29 33602 30

4. FEI Number 59-3334729 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

10. Name and Address of New Registered Agent

SINADINOS, GREGORY J
9700 KOGER BLVD., SUITE 308
ST. PETERSBURG FL 33702

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

GREGORY SINADINOS, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Gregory J Sinadinos
STREET ADDRESS 220 E Madison, 722
CITY-ST-ZIP TAMPA, FL 33602

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 817, Florida Statutes; and that my name appears in Block 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GREGORY SINADINOS, PRESIDENT

11-22-96

813-226-0066

(SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Daytime Phone #

CR2ED34 (3/96)