

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16130 (4)

1. Corporation Name

SIGPEL, INC.

Principal Place of Business

Mailing Address

**5551 RIDGEWOOD DR. SUITE 203
NAPLES FL 33963**

**5551 RIDGEWOOD DR. SUITE 203
NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/20/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0241102

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**

6. This corporation has liability for intangible tax under S. 199.002,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MACKIE, PAMELA S
5551 RIDGEWOOD DR.
STE. 201
NAPLES FL 33963**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CORACE, RICHARD F.
STREET ADDRESS	5551 RIDGEWOOD DR 203
CITY-ST-ZIP	NAPLES FL
TITLE	DVS
NAME	GRIFFIN, GERALD F., III
STREET ADDRESS	5551 RIDGEWOOD DR 203
CITY-ST-ZIP	NAPLES FL
TITLE	DVT
NAME	HIGH, TOM M.
STREET ADDRESS	5551 RIDGEWOOD DR 203
CITY-ST-ZIP	NAPLES FL
TITLE	S
NAME	YOUNG, CAROL ANNE
STREET ADDRESS	5551 RIDGEWOOD DR 203
CITY-ST-ZIP	NAPLES FL
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	☐ 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	DVT
3.3 STREET ADDRESS	KEITH A. SHARPE
3.4 CITY-ST-ZIP	5551 RIDGEWOOD DR SR203
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 110.07(3)(b), 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 in an amendment with no address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH A. SHARPE

4/15/95 813-566-2800

(Typed Name)