

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S73182** (5)
1. Corporation Name
RIGAS COMMUNICATIONS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**4031 GULF SHORE BOULEVARD N PH1E
NAPLES FL 33940-9605
US**

3. Date incorporated or Qualified **08/14/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0290926** 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. 198.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 ZIP 28 ZIP
24 County 25 County 29 County 30 County

9. Name and Address of Current Registered Agent
**RIGAS, CONSTANTINE J.
4031 GULF SHORE BLVD N. PH1E
NAPLES, 33940**

10. Name and Address of New Registered Agent
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 of Registered Agent or person authorized to sign for the corporation) _____ (Signature of Registered Agent or person authorized to sign for the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME STREET ADDRESS CITY, ST, ZIP	PD RIGAS, CONSTANTINE J. 4031 GULF SHORE BV N PH1 NAPLES FL	13.1 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.2 NAME STREET ADDRESS CITY, ST, ZIP	VD RIGAS, JOHN C. 18 BEECHNUT TERRACE ITHACA NY	13.2 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.3 NAME STREET ADDRESS CITY, ST, ZIP	STD PEASE, DIANA R. 35 N HIGHLAND AVENUE WELLSVILLE NY	13.3 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.4 NAME STREET ADDRESS CITY, ST, ZIP		13.4 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.5 NAME STREET ADDRESS CITY, ST, ZIP		13.5 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.6 NAME STREET ADDRESS CITY, ST, ZIP		13.6 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12.7 NAME STREET ADDRESS CITY, ST, ZIP		13.7 NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133.07(3)(b), Florida Statutes. I further certify that the information included 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 Article 12 of the corporation's charter or in an attached list with an address.

SIGNATURE *Constantine J. Rigas* **Constantine J. Rigas, President** 3/27/95 814-649-4637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR