

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 14 AM 9:17

DOCUMENT # V13735

(8)

1. Corporation Name
S.G.E. INC.

Principal Place of Business

Mailing Address

**5334 MAJESTIC COURT
CAPE CORAL FL 33904**

**5334 MAJESTIC COURT
CAPE CORAL FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/10/1992

03/03/1994

4. FEI Number

65-0319954

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**

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

2. Principal Place of Business

2a. Mailing Address

21 873-C SE 41th

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 C

27 City & State

23 Cape Coral FL

28 City & State

Zip

Country

Zip

Country

24 33904

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALLACE, NANCY
5334 MAJESTIC COURT
CAPE CORAL FL 33904**

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 firm if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**11 TITLE P
NAME WALLACE, NANCY
STREET ADDRESS 5334 MAJESTIC CT
CITY ST ZIP CAPE CORAL FL 33904**

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP**

☐ Change ☐ Addition

**11 TITLE
NAME
STREET ADDRESS
CITY ST ZIP**

**61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP**

☐ Change ☐ Addition

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)(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 on an attachment with an address.

SIGNATURE:

Nancy Wallace
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Please Print

CR2E034 (3/95)