

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

**APPROVED
AND
FILED**

5/10/95 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V61658** (3)
1. Corporation Name
W. G. APPLGATE, INC.

Principal Place of Business Mailing Address
7795 PIPER LANE LAKE WORTH FL 33463 US

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/03/1992** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0357027** 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 Section 687, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**APPLGATE, WILLIAM G.
7795 PIPER LN
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent
81 Name **Applegate, William G.**
82 Street Address (if Box Number is Not Acceptable) **7795 Piper Lane**
83
84 City **lake worth** FL 85 Zip Code **33463**

11. Pursuant to the provisions of Sections 607.0505 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **5/10/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	APPLGATE, WILLIAM G	1.2 NAME	
3. STREET ADDRESS	7795 PIPER LN	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	LAKE WORTH FL	1.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
5.5 TITLE		5.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.6 NAME		5.6 NAME	
5.7 STREET ADDRESS		5.7 STREET ADDRESS	
5.8 CITY, ST, ZIP		5.8 CITY, ST, ZIP	
5.9 TITLE		5.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.10 NAME		5.10 NAME	
5.11 STREET ADDRESS		5.11 STREET ADDRESS	
5.12 CITY, ST, ZIP		5.12 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information is accurate. The undersigned certifies that the information 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 and am duly authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an individual with an address.

SIGNATURE: *[Signature]* DATE: **5/10/95** TELEPHONE: **407 967-2950**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR