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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northam
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 10:05

DOCUMENT # **P93000079655 (5)**

1. Corporation Name
IGI SERVICES, INC.

Principal Place of Business: **1001 THOMASVILLE ROAD TALLAHASSEE FL 32315**
Mailing Address: **P. O. BOX 300 TALLAHASSEE FL 32315 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/18/1993		3a. Date of Last Report 03/03/1994	
4. FEI Number 59-3213277		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 1415 E. Piedmont Drive		2a. Mailing Address 26 1415 E. Piedmont Drive	
Suite, Apt. #, etc. 22 Suite 5		Suite, Apt. #, etc. 27 Suite 5	
City & State 23 Tallahassee, FL		City & State 28 Tallahassee, FL	
Zip 24 32312	Country 25 USA	Zip 29 32312	Country 30 USA

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32315**

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title of corporation. NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ENLOW, ERIN E 1001 THOMASVILLE RD. TALLAHASSEE FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 E. Piedmont Drive, Suite 5 Tallahassee, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SUNDAY, ANITA C 1001 THOMASVILLE RD. TALLAHASSEE FL	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VSD John A. Doyle 280 Park Avenue, East Bldg., 20th Floor New York, New York 10017
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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: *Erin E. Enlow* **President** April 3, 1995 (904) 224-2001
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR Date Telephone #