FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 31 AM 11:42

DOCUMENT # **H18229** **(5)**

1. Corporation Name

SIGNCRAFT PUBLISHING CO., INC.

Principal Place of Business	Mailing Address
10271 DEER RUN FARMS RD FORT MYERS FL 33912 US	PO BOX 60031 FORT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/27/1984
3a. Date of Last Report: 04/15/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2443466 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCILTROT, THOMAS
3950 ELLIS ROAD
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3960 ELLIS ROAD
83
84 City FL 85 Zip Code 33905

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 if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	11 TITLE	☒ Change ☐ Addition	
NAME	MCILTROT, THOMAS	12 NAME		
STREET ADDRESS	3950 ELLIS ROAD	13 STREET ADDRESS	3960 ELLIS ROAD	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP		33905
TITLE	P	21 TITLE	☐ Change ☒ Addition	
NAME	MCILTROT, WILLIAM	22 NAME		
STREET ADDRESS	3950 ELLIS ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP		33905
TITLE	S	31 TITLE	☐ Change ☒ Addition	
NAME	MCILTROT, DENNIS	32 NAME		
STREET ADDRESS	3950 ELLIS ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP		33905
TITLE	V	41 TITLE	☒ Change ☐ Addition	
NAME	MCILTROT, JOHN	42 NAME		
STREET ADDRESS	3960 ELLIS ROAD	43 STREET ADDRESS	10271 DEER RUN FARMS ROAD	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	FT MYERS FL 33912	
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(3)(i), 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.

813-989-4644

SIGNATURE: William G. McIltrot WILLIAM G. McILTROT 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #