

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 327253 (1)

1. Corporation Name

SIGNAL CONSTRUCTION COMPANY INC



Principal Place of Business

Mailing Address

P.O. BOX 20305
P.O. BOX 18445
GREENSBORO NC 27419
US

P.O. BOX 20305
P.O. BOX 18445
GREENSBORO NC 27419
US

3. Date Incorporated or Qualified

03/07/1968

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 4440 PGA BOULEVARD

26 4440 PGA BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 600

27 SUITE 600

City & State

City & State

23 PALM BEACH GARDENS, FL

28 PALM BEACH GARDENS, FL

Zip

Country

Zip

Country

24 33410

25 USA

29 33410

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME SMITH, GRAY
STREET ADDRESS 16 C OAK BRANCH DRIVE
CITY-STATE-ZIP GREENSBORO NC

1.1 TITLE ☒ Change ☐ Addition

12 NAME RONALD L. ROSEMAN
13 STREET ADDRESS 4440 PGA BOULEVARD, SUITE 600
14 CITY-STATE-ZIP PALM BEACH GARDENS, FLORIDA 33410

1.1 TITLE ☐ DELETE

NAME KOHLER, ALVIN W.
STREET ADDRESS 16 C OAK BRANCH DRIVE
CITY-STATE-ZIP GREENSBORO NC

2.1 TITLE ☒ Change ☐ Addition

2.1 TITLE 4440 PGA BOULEVARD, SUITE 600
2.2 NAME PALM BEACH GARDENS, FLORIDA 33410

1.1 TITLE ☐ DELETE

NAME PLEDGER, THOMAS R.
STREET ADDRESS 450 AUSTRALIAN AVE. S.
CITY-STATE-ZIP WEST PALM BEACH FL

3.1 TITLE ☒ Change ☐ Addition

3.1 TITLE 4440 PGA BOULEVARD, SUITE 600
3.2 NAME PALM BEACH GARDENS, FLORIDA 33410

1.1 TITLE ☐ DELETE

NAME BETLACH, DOUGLAS J
STREET ADDRESS 450 AUSTRALIAN AVE STE 860
CITY-STATE-ZIP W PALM BCH. FL

4.1 TITLE ☒ Change ☐ Addition

4.1 TITLE 4440 PGA BOULEVARD, SUITE 600
4.2 NAME PALM BEACH GARDENS, FLORIDA 33410

1.1 TITLE ☐ DELETE

NAME FRAZIER, PATRICIA
STREET ADDRESS 450 AUSTRALIAN AVE. S.
CITY-STATE-ZIP W PALM BCH. FL

5.1 TITLE ☒ Change ☐ Addition

5.1 TITLE 4440 PGA BOULEVARD, SUITE 600
5.2 NAME PALM BEACH GARDENS, FLORIDA 33410

1.1 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.1 TITLE 100001743891
6.2 NAME -03/15/96--01015--014
6.3 STREET ADDRESS ***200.00

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)(k), 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 a chairman of the board, 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 in this report, or on an attachment with an address.

SIGNATURE:

TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

(407) 627-7171

Daytime Phone #

CR2E034 (12/95)