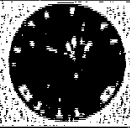


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # 820183 (2)**

1. Corporation Name  
**SIGNAL ENGINEERING & SALES, INC.**

**APPROVED AND FILED**

95 APR 19 AM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **6833 OPORTO MADRID BLVD. S. (35208) P O BOX 10167 BIRMINGHAM AL 35202**

Mailing Address: **6833 OPORTO MADRID BLVD. S. (35208) P O BOX 10167 BIRMINGHAM AL 35202**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

3. Date Incorporated or Qualified: **01/23/1967**

3a. Date of Last Report: **04/08/1994**

4. FEI Number: **63-0511876**

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. 100.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**HARRIS, PHIL E.**  
**#7 CIRCLE DR.**  
**DE FUNAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

12. OFFICERS AND DIRECTORS

TITLE: **PD**

NAME: **PFAU, LOUIS H**

STREET ADDRESS: **4100 CRESCENT RD.**

CITY-ST-ZIP: **BIRMINGHAM AL**

TITLE: **STD**

NAME: **COE, WILLIAM D**

STREET ADDRESS: **6833 OPORTO MADRID BLV S**

CITY-ST-ZIP: **BIRMINGHAM AL**

TITLE: **D**

NAME: **JOHNSON, TERRY**

STREET ADDRESS: **3940 MONTCLAIR RD. #401**

CITY-ST-ZIP: **BIRMINGHAM AL**

TITLE: **D**

NAME: **PFAU, JULIA**

STREET ADDRESS: **4100 CRESCENT RD.**

CITY-ST-ZIP: **BIRMINGHAM AL**

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY-ST-ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 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: \_\_\_\_\_ DATE: **4/12/95**

Signature and typed or printed name of signing officer or director

Date

Date of Filing **205/833-0959**