

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H80647** (1)

1. Corporation Name

**B & G CENTRAL STATION SIGNALS, INC.**



Principal Place of Business

**5460 S.W. 40TH ST.  
DAVIE FL 33314**

Mailing Address

**5460 S.W. 40TH ST.  
DAVIE FL 33314**

3. Date Incorporated or Qualified  
**10/11/1985**

3a. Date of Last Report  
**07/20/1995**

4. FEI Number

**59-2602715**

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

2. Principal Place of Business

21 **3300 N State Rd 7**

Suite, Apt. #, etc.

22 **Box D353**

City & State

23 **Hwd, Fla**

24 **33021**

Country

25 **USA**

2a. Mailing Address

26 **P.O. Box 272801**

Suite, Apt. #, etc.

27

City & State

28 **Davie, Florida**

29 **33329**

Zip

Country

30 **USA**

9. Name and Address of Current Registered Agent

**JOHNSON, BLAIR M.  
105 W. PLANT ST.  
WINTER GARDENS FL 32787**

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

Signature (Typed or printed name of registered agent or director, if applicable)

(Print) Registered Agent Signature (required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **REED, BARTON C.**  
STREET ADDRESS **5460 S.W. 40TH ST.**  
CITY-ST-ZIP **DAVIE FL**

TITLE **V** ☒ DELETE

NAME **REED, GARY C.**  
STREET ADDRESS **5460 S.W. 40TH ST.**  
CITY-ST-ZIP **DAVIE FL**

TITLE **ST** ☐ DELETE

NAME **REED, LAURIE**  
STREET ADDRESS **5460 S.W. 40TH ST.**  
CITY-ST-ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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 **3300 N State Rd 7 Box D353**  
1.4 CITY-ST-ZIP **Hwd, Fla 33021**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Barton C Reed**  
2.3 STREET ADDRESS **3300 N. State Rd 7 Box D353**  
2.4 CITY-ST-ZIP **Hwd, Fla 33021**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS **3300 N State Rd 7 Box D353**  
3.4 CITY-ST-ZIP **Hwd, Fla 33021**

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 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 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:

**Laurie Ann Reed, sec**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/25/96**  
Date

**754 761 7652**  
Daytime Phone #

CR2E034 (12/95)