

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 # **J67744** (9)  
1. Corporation Name  
**SIGNAL TECHNOLOGIES, INC.**



Principal Place of Business

385 COMMERCE WAY  
SUITE 101  
LONGWOOD FL 32750

Mailing Address

385 COMMERCE WAY  
SUITE 101  
LONGWOOD FL 32750

3. Date incorporated or Qualified  
**04/03/1987**

3a. Date of Last Report  
**03/07/1995**

2. Principal Place of Business

2a. Mailing Address

21 **636 FLORIDA CENTRAL PARKWAY**

26 **P.O. Box 522258**

4. FEI Number  
**59-2801014**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**LONGWOOD, FL**

**LONGWOOD, FL**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

**32750**

**SEMINOLE**

**32750**

**SEMINOLE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAVO, CARMINE M.**  
**2957 WEST STATE ROAD 434**  
**SUITE 400**  
**LONGWOOD FL 32779**

81 Name

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

**636 FLORIDA CENTRAL PARKWAY**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 corporation

NOTE: Registered Agent signature expires when terminating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **RAWLINS, GREGORY S.**  
STREET ADDRESS **385 COMMERCE WY S101**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **D** ☐ DELETE  
NAME **RAWLINS, SUSAN L.**  
STREET ADDRESS **385 COMMERCE WY S101**  
CITY-ST-ZIP **LONGWOOD 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☒ Change ☐ Addition  
**299 LESLIE LANE**  
**LAKE MARY, FL 32746**

☒ Change ☐ Addition  
**299 LESLIE LANE**  
**LAKE MARY, FL 32746**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

**Susan L Rawlins**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SUSAN L RAWLINS**

**4/1/96**

**(407) 324-5141**  
Daytime Phone #

CR2E034 (12/95)