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 # **K24571** **(7)**

1. Corporation Name

SIGNATURE MAINTENANCE SYSTEMS, INC.

Principal Place of Business	Mailing Address
16631 SCHEER BLVD. HUDSON FL 34667 US	16631 SCHEER BLVD HUDSON FL 34667 US

3. Date Incorporated or Qualified: **05/20/1988**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2890981** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARTER, DAVID R ESQ.
7419 U S HIGHWAY 19
NEW PORT RICHEY FL 34652-8240

10. Name and Address of New Registered Agent

81 Name: Rosalie S. Leggiere

82 Street Address (P.O. Box Number is Not Acceptable): 16631 Scheer Blvd.

83

84 City: Hudson FL 85 Zip Code: 34667

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: Rosalie S. Leggiere, Pres. DATE: 4/2/96

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature is required when filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEGGIERE, ROSALIE S		1.2 NAME	
STREET ADDRESS	16631 SCHEER BLD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STRALLY, DENNIS J		2.2 NAME	
STREET ADDRESS	16631 SCHEER BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEGGIERE, ROSALIE S.		3.2 NAME	
STREET ADDRESS	16631 B SCHEER BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Rosalie S. Leggiere / Rosalie S. Leggiere, Pres. 4/2/96 (813) 869-2965

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #