FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR 28 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022097 (8)**

1. Corporation Name
SIGNET CORP.

Principal Place of Business	Mailing Address
147 LIVE OAK ROAD WINTER GARDEN FL 34787	1990 SEMORAN BLVD 339 WINTER PARK FL 34787 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1993	3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3200723	☐ 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. 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 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

WOOD, R L
147 LIVE OAK ROAD
WINTER GARDEN FL 34787

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 _____ DATE
Signature, type or printed name of registered agent, and title if applicable. (FYI: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	WOOD, R L	12 NAME		
STREET ADDRESS	147 LIVE OAK ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	OSTLIE, DAVID	22 NAME		
STREET ADDRESS	121 SPRING CHASE CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☑ Change ☐ Addition
NAME	ZOOK, RONALD M	32 NAME		
STREET ADDRESS	3923 CARNABY DR.	33 STREET ADDRESS	Delete	
CITY-ST-ZIP	OVIEDO FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PALOWSKI, GLENN	42 NAME		
STREET ADDRESS	1737 TORRINGTON CIR	43 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: _____ 4/26/95 (407) 679-1181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044404 CP