

FILE NOW: FILING FEE AFTER MAY 1 IS \$5500

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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P93000041850 (7)
1. Corporation Name
SIGNATURE HOMES & INVESTMENTS INCORPORATED

Principal Place of Business
3338 BRIARWOOD CIRCLE
SAFETY HARBOR FL 34695

Mailing Address
3338 BRIARWOOD CIRCLE
SAFETY HARBOR FL 34695-4690



2. Principal Place of Business
21 1371 Dartford dr.
Suite, Apt. #, etc.
22 City & State
23 Tarpon Springs
Zip 34689
24 34689
25 Country
26 1371 Dartford dr.
Suite, Apt. #, etc.
27 City & State
28 Tarpon Springs
Zip 34689
29 34689
30 Florida

3. Date Incorporated or Qualified
06/08/1993
3a. Date of Last Report
05/01/1996
4. FEI Number
59-3191766
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

9. Name and Address of Current Registered Agent
BALLENTINE, TERRY
3338 BRIARWOOD CIRCLE
SAFETY HARBOR FL 34695
10. Name and Address of New Registered Agent
B1 Name Ballentine Terry
B2 Street Address (P.O. Box Number is Not Acceptable)
1371 Dartford dr.
B3
B4 City Tarpon Springs FL 85 Zip Code 34689

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 and fee if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLENTINE, TERRY	1.2 NAME	
STREET ADDRESS	3338 BRIARWOOD CIR	1.3 STREET ADDRESS	1371 Dartford dr
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLENTINE, JOSEPH	2.2 NAME	
STREET ADDRESS	3338 BRIARWOOD CIR	2.3 STREET ADDRESS	1371 Dartford dr
CITY-ST-ZIP	SAFETY HARBOR FL 34695	2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and 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: 4/28/97 (8/13/97) 2870

CR2E034 (9/96)