

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000052330 (6)**

1. Corporation Name

SIGNAL MANAGEMENT GROUP, INC.



Principal Place of Business

Mailing Address

**2004 W UNIVERSITY BLVD
JACKSONVILLE FL 32217**

**2004 W UNIVERSITY BLVD
JACKSONVILLE FL 32217**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1993

3a. Date of Last Report

02/14/1995

4. FEI Number

59-3198122

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

10. Name and Address of New Registered Agent

**JOBE, JACKSON M--
2004 W UNIVERSITY BLVD--
JACKSONVILLE FL 32217--**

81 Name

Paul G. Hubert

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

2004 University Blvd West

83

84 City

Jacksonville

FL

85 Zip Code

32217

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 607.05, Florida Statutes.

SIGNATURE

Paul G. Hubert

Feb 8, 1996

Signature of officer, president, or registered agent

(NOTE: Registered Agent signature required when replacing agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSDV-** ☒ DELETE
NAME **JOBE, JACKSON M--**
STREET ADDRESS **2004 W UNIVERSITY BLVD--**
CITY, ST, ZIP **JACKSONVILLE FL--**

TITLE **PDT** ☐ DELETE
NAME **Paul G. Hubert**
STREET ADDRESS **2004 University Blvd West**
CITY, ST, ZIP **Jacksonville, FL 32217**

TITLE **VDS** ☐ DELETE
NAME **John Paul Burke**
STREET ADDRESS **2004 University Blvd West**
CITY, ST, ZIP **Jacksonville, FL 32217**

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

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ 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 or Block 14, or on an attachment with an address.

SIGNATURE:

Paul G. Hubert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 8, 1996

(904) 738-6000

CR2E034 (12/95)