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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000052330 (6)

1. Corporation Name
SIGNAL MANAGEMENT GROUP, INC.

Principal Place of Business
2004 W UNIVERSITY BLVD
JACKSONVILLE FL 32217

Mailing Address
2004 W UNIVERSITY BLVD
JACKSONVILLE FL 32217-3018

3. Date Incorporated or Qualified
07/27/1993

3a. Date of Last Report
02/12/1996

2. Principal Place of Business
21 8421 BAYMEADOWS WAY

2a. Mailing Address
26 8421 BAYMEADOWS WAY

4. FEI Number
59-3198122

Applied For
Not Applicable

22 Suite, Apt. #, etc.
4

27 Suite, Apt. #, etc.
4

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

23 City & State
JACKSONVILLE, FL

28 City & State
JACKSONVILLE FL

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

24 Zip
32256

29 Zip
32256

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBERT, PAUL G
2004 W UNIVERSITY BLVD
JACKSONVILLE FL 32217

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8421 BAYMEADOWS WAY - Suite 4

83

84 City JACKSONVILLE FL 85 Zip Code 32256

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
HUBERT, PAUL G
2004 W UNIVERSITY BLVD
JACKSONVILLE FL 32217 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
HUBERT, PAUL G.
8421 BAYMEADOWS WAY, S-4
JACKSONVILLE, FL 32256 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VDS
BURKE, JOHN P
2004 UNIVERSITY BLVD. WEST
JACKSONVILLE FL 32217 ☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
VDS
BOBBE, JACKSON M.
8421 BAYMEADOWS WAY, S-4
JACKSONVILLE, FL 32256 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan 22, 97 (904) 730-6000

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CR2E034 (9/96)