

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
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DOCUMENT # P93000069475 (0)

1. Corporation Name

SIGNAL LOOP SYSTEMS, INC.

Principal Place of Business

RT. 2, BOX 147
HAWTHORNE FL 32640

Mailing Address

RT. 2, BOX 147
HAWTHORNE FL 32640



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/30/1993	04/10/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FET Number	Applied For Not Applicable
22	27	50-3217948	
City & State	City & State	5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☒ Yes ☐ No
24	25		
Country	Country		
29	30		

9. Name and Address of Current Registered Agent

PATTON, BETTY J
RT. 2, BOX 147
HAWTHORNE FL 32640

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

Signature typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required when filing

DATE

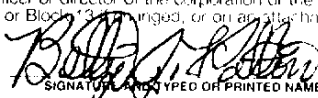
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	D	1.1 TITLE	D
NAME	PATTON, BETTY J	1.2 NAME	DEANNA ADAMS
STREET ADDRESS	RT. 2, BOX 147	1.3 STREET ADDRESS	8341 SINGLETON PLACE
CITY-STATE-ZIP	HAWTHORNE FL 32640	1.4 CITY-STATE-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	D	2.1 TITLE	
NAME	PATTON, JOHNNIE A	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 147	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HAWTHORNE FL 32640	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

900001833559

05/22/96-01010-001

***208.75

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Betty J. Patton,
President

4-16-96 (362) 481-6574

CR2E034 (12/95)