

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000081417 (6)

1. Corporation Name

SIGNLEADER INC.



Principal Place of Business

1105 MARTIN DOWNS BLVD.
PALM CITY FL 34990

Mailing Address

1105 MARTIN DOWNS BLVD.
PALM CITY FL 34990

2. Principal Place of Business

2a. Mailing Address

21 1255 SW Thelma Street

26 1255 SW Thelma Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Palm City, FL

28 Palm City, FL

24 34990

25 USA

29 34990

30 USA

3. Date Incorporated or Qualified
11/19/1993

3a. Date of Last Report
04/28/1995

4. FEI Number

65-0459558

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

10. Name and Address of New Registered Agent

FLEMING, JOHN
1105 MARTIN DOWNS BLVD.
PALM CITY FL 34990

81 Name

John Fleming

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

1255 SW Thelma Street

83

84 City

Palm City

FL

85 Zip Code
34990

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, 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 director, if applicable

DATE: Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLEMING, JOHN
1105 MARTIN DOWNS BLVD.
PALM CITY FL 34990

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
President
John Fleming
1255 SW Thelma Street
Palm City, FL 34990

Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FLEMING, NANCY
1105 MARTIN DOWNS BLVD.
PALM CITY FL 34990

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Vice President
Nancy Fleming
1255 SW Thelma Street
Palm City, FL 34990

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy Fleming, VP

4/16/96 407-220-7966

DATE

Daytime Phone #

CR2E034 (12/95)