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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P9400006450 (8)

FILED Jan 20 1998 8:00am Secretary of State

SIGTRONICS, INC. Principal Place of Business Mailing Address 1571 MAIN STREET 1571 MAIN STREET ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 -59-1540379 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 29 Yes Yes ☐ No 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SULIK, JOHN J 320 E. ADAMS STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32202 83 84 City 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE n DELETE 1.1 TITLE Change Addition DOUGLAS, ROBERT CR2E034 NAME 1.2 NAME 1571 MAIN STREET STREET ADDRESS 1.3 STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE TITLE 2.1 TITLE ☐ Change Addition DOUGLAS, ROBERT NAME 2.2 NAME 1571 MAIN STREET STREET ADDRESS 2.3 STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TOLE Change Addition SULIK, JOHN J NAME 3.2 NAME 320 E. ADAMS STREET STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32202 CITY-ST-ZIP 3.4. CITY-ST-ZIP ___ DELETE TITLE 4.1 TITLE Change ___ Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

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

UP PAREIT

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