FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P95000079412 (9)

1. Corporation Name
SIGNAL KING, INC.

Principal Place of Business	Mailing Address
6088 NORTHWEST COUNTY HIGHWAY 318 REDDICK FL 32686	6088 NORTHWEST COUNTY HIGHWAY 318 REDDICK FL 32686

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 6720 N. U.S. Hwy 441
22 Suite, Apt. #, etc
23 City & State: OCALA, FL
24 Zip: 34475 25 Country: MARION

2a. Mailing Address
26 6720 N. U.S. Hwy 441
27 Suite, Apt. #, etc
28 City & State: OCALA, FL.
29 Zip: 34475 30 Country: MARION

3. Date Incorporated or Qualified
10/10/1995

4. FEI Number
59-3336667
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BOJARSKI, FLORIAN WARREN
6088 NORTHWEST COUNTY HIGHWAY 318
REDDICK FL 32686

10. Name and Address of New Registered Agent
81 Name: MICHAEL W. JOHNSON
82 Street Address (P.O. Box Number is Not Acceptable): ATTORNEY AT LAW
83 2320 NORTHEAST 2ND ST STE 3A
84 City: OCALA FL 85 Zip Code: 34470

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] 6-10-98
Signature, type or printed name of person signing (NOTE: The registered agent's 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	PD BOJARSKI, FLORIAN W 6088 CO. HWY. 318 REDDICK FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT PATRICIA O. CRAWFORD 2134 N.E. 7TH STREET OCALA, FL. 34470	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAKER, JONATHAN C 1940 S.E. 52ND CT OCALA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ 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	B01000256315 -06/22/98--01095--042 ***150.00	☐ Change ☐ Addition

CR2E034 (10/97)

14. I 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] Vice Pres. 2nd VP APRIL 98 (352) 401-9300