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

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V71114** **(5)**

1. Corporation Name
**SIGNATURE DEVELOPMENT CORP. OF BREVARD**

Principal Place of Business
232 ~~FIFTH~~ AVE.
INDIALANTIC FL 32903 Below
US

Mailing Address
~~232 FIFTH AVENUE~~
~~INDIALANTIC FL 32903~~
~~US~~
PO Box 51-0845
Melb Bch FL
32951

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 10/14/1992 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 59-3158958 | 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 | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 103 Signature Drive | 26 P.O. Box 51-0845 |
| 22 Suite, Apt. #, etc | 27 Suite, Apt. #, etc |
| 23 City & State: Melbourne Beach, FL | 28 City & State: Melbourne Beach, FL |
| 24 Zip: 32951 / 25 Country: USA | 29 Zip: 32951 / 30 Country: USA |

**9. Name and Address of Current Registered Agent**

CRAGG ANITA
232 FIFTH AVE
INDIALANTIC FL 32903

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 103 Signature Drive
83
84 City: Melbourne Beach FL 85 Zip Code: 32951

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: Anita Cragg Pres 4/27/95
*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 | PD | 11 TITLE | PD | ☒ Change ☐ Addition |
| NAME | CRAGG, ANITA | 12 NAME | Cragg, Anita | |
| STREET ADDRESS | 232 FIFTH AVE. | 13 STREET ADDRESS | 103 Signature Drive | |
| CITY ST ZIP | INDIALANTIC FL | 14 CITY ST ZIP | Melbourne Beach, FL 32951 | |
| TITLE | VPD | 21 TITLE | VPD | ☒ Change ☐ Addition |
| NAME | CRAGG, DAVID | 22 NAME | Cragg, David | |
| STREET ADDRESS | 232 FIFTH AVE. | 23 STREET ADDRESS | 103 Signature Drive | |
| CITY ST ZIP | INDIALANTIC FL | 24 CITY ST ZIP | Melbourne Beach, FL 32951 | |
| TITLE | | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | | 32 NAME | | |
| STREET ADDRESS | | 33 STREET ADDRESS | | |
| CITY ST ZIP | | 34 CITY ST ZIP | | |
| TITLE | | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | 42 NAME | | |
| STREET ADDRESS | | 43 STREET ADDRESS | | |
| CITY ST ZIP | | 44 CITY ST ZIP | | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

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)(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 asterisk.

SIGNATURE: Anita Cragg Pres 4/27/95 407 952 7499
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
ANITA CRAGG

000003 CP