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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 267510

(6)

QUALITY NEON SIGN COMPANY

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FILED Apr 01 1997 8:00am Secretary of State



| Principal Place of Business 5160 SUNBEAM RD PO BOX 19677 JACKSONVILLE FL 32245-6677 | | Mailing Address 5180 SUNBEAM RD PO BOX 19677 JACKSONVILLE FL 32245-9877 | | | Bri didir dibir Sibir arbu dibir dibir idbi |
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| | | | | 3. Date Incorporated or Qualified 02/26/1963 | 3a. Date of Last Report 05/01/1996 |
| 2. Principal Place of Busine | | 2a. Mailing Address | . 01 | 4. FEI Number | Applied For |
| 1 5160 Sunk | beam Kol | 26 5160 Sun | beam Rd | 59-1001756 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 1. 6. | City & State | u a rev | 6. Election Campaign Financing | \$5.00 May Be |
| Jacksonul | | 28 Jacksonu | | Trust Fund Contribution | LJ Added to Fees |
| 3a a 57 2 | _ Country こ いらみ | ファ 29 3みみ57 | Country 30 USA | This corporation has liability for | ent Pro |
| | nd Address of Currer | | 30 051 | Florida Statutes 10. Name and Address of New R | |
| ······· | | Tregistored regulit | 81 Name | 10. 110/10 Bill Addition of Novi II | ogistores rigorit |
| WILLIAMS, ROGI | | | | | |
| 13691 LITTLE H | | 82 Street Add | | dress (P.O. Box Number is Not Acceptable) | |
| JACKSONVILLE | FL 32225 | | 83 | | |
| | | | | | |
| | | , | 84 City | | FL 85 Zip Code |
| na esperante de la compansión de la compan | - $ -$ | 56 100m4660 bt 13. 60 tt | | 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | |
| office or registered age | ns of Sections 607 050 nt. # hoth, in high State | J2 and 507.1508, Florida Statuti ≱of Florida. Such change was a | es, the amove-hamed corpora | poration submits this statement for the tion's board of directors. I hereby according | purpose of changing its registered ept the appointment as registered |
| agent Lam familiar with | i, and accept the oblig | ations of, Section 607.0505, Flo | orida Statutes. | · — | 1 10- |
| BIGNATURE / 1 | Will- | | Registered Agent signature requi | 3, | 28/97 |
| SETURE 31 - 54 × 640 | r printed harve of registered age | cht and tife 8 auptrable, NOTI | ": Ben stered Abant signatuta tegu | | DATE |
| 2 / / | | | | | |
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14. I do 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 efficer or director of the corporation or the receiveryof 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 chapter or an altachment with an address.

SIGNATURE:

GNATHE AND THEO OF PHINTED NAME OF SIGNING OFFICER OF OMECTOR

3/28/97

904-268-468

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