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**Apr 01 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 267510 (6)

1. Corporation Name
QUALITY NEON SIGN COMPANY



Principal Place of Business: **5160 SUNBEAM RD PO BOX 19677 JACKSONVILLE FL 32245-6677**

Mailing Address: **5160 SUNBEAM RD PO BOX 19677 JACKSONVILLE FL 32245-6677**

3. Date Incorporated or Qualified: **02/26/1963**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business

21 **5160 Sunbeam Rd**

22

23 **Jacksonville, FL**

24 **32257** 25 **USA**

2a. Mailing Address

26 **5160 Sunbeam Rd**

27

28 **Jacksonville, FL**

29 **32257** 30 **USA**

4. FEI Number: **59-1001756**

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

**WILLIAMS, ROGER S.
13691 LITTLE HARBOR CT
JACKSONVILLE FL 32225**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 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 am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/28/97**

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE: **PTD** DELETE

NAME: **WILLIAMS, ROGER S.**

STREET ADDRESS: **13691 LITTLE HARBOR CT**

CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **SD** DELETE

NAME: **WILLIAMS, SHEILA F.**

STREET ADDRESS: **13691 LITTLE HARBOR CT**

CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

TITLE: DELETE

NAME:

STREET ADDRESS:

CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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]* DATE: **3/28/97** DAYTIME PHONE: **904-268-4681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)