

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 582412

(3)

1. Corporation Name

~~THE STATE OF FLORIDA~~
SIGNNS NOW 223, INC

Principal Place of Business

327 DEVONSHIRE LANE
ORANGE PARK FL 32073

Mailing Address

327 DEVONSHIRE LANE
ORANGE PARK FL 32073-4242

3. Date Incorporated or Qualified

08/16/1978

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1848474

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

21. Suite, Apt #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Country

2a. Mailing Address

26. Suite, Apt #, etc.

27. City & State

28. Zip Country

29. Zip Country

30. Country

9. Name and Address of Current Registered Agent

MILLER, KATHLEEN
327 DEVONSHIRE LANE
ORANGE PARK FL 32073

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

PD
MILLER, KATHLEEN
327 DEVONSHIRE LANE
ORANGE PARK, FL 00000

TITLE NAME ☒ DELETE

ST
MILLER, DAVID
327 DEVONSHIRE LANE
ORANGE PARK, FL 32073

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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

ST
HAINES, DEBRA
750 JAMES CIRCLE
LAWRENCEVILLE, GA 30045

700002178507--9
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****165.00 ****165.00

JB5-13-97

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

Kathleen Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

904-772-0115

Daytime Phone #

0015500

CR2E034 (9/96)