

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **818021** (8)

1. Corporation Name
**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SE
RVICE**

000001450130
-04/07/95--01017--005
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
AL SIGN SERVICE 200 12TH AVENUE SOUTH NASHVILLE TENNESSEE 37203

3. Date Incorporated or Qualified **07/02/1964** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **62-0563567** Applicant 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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. ~~SEE Attached sheet~~ OFFICERS AND DIRECTORS

TITLE	P
NAME	CUMMINGS, THOMAS L. I
STREET ADDRESS	2803 HEMMINGWAY DR.
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	MORRISON, JERRY E
STREET ADDRESS	200 12TH AVE S
CITY - ST - ZIP	NASHVILLE, TN 00000
TITLE	V
NAME	METCALFE, FRANK T.
STREET ADDRESS	ROUTE 2
CITY - ST - ZIP	ADAMS TN
TITLE	V
NAME	EVERETT, WALTER T
STREET ADDRESS	P. O. BOX 680126
CITY - ST - ZIP	FRANKLIN TN
TITLE	CP
NAME	CUMMINGS JR, THOMAS L
STREET ADDRESS	120 PROSPECT HILL
CITY - ST - ZIP	NASHVILLE, TENN 00000
TITLE	C
NAME	BINKLEY, RUTH A
STREET ADDRESS	5001 LANGFORD PASS
CITY - ST - ZIP	OLD HICKORY TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

4/5/95 MCB

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)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *John D Spens* 3/30/95 (415) 244-5555
John D Spens Vice President Finance