

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

**FILED**  
**Mar 19 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 # 818021 (8)**  
 1. Corporate Name  
**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE**



Principal Place of Business: **AL SIGN SERVICE 200 12TH AVENUE SOUTH NASHVILLE TENNESSEE 37203**  
 Mailing Address: **AL SIGN SERVICE 200 12TH AVENUE SOUTH NASHVILLE TENNESSEE 37203-4002**

21	22	23	24	25	26	27	28	29	30	3. Date Incorporated or Qualified <b>07/02/1964</b>	3a. Date of Last Report <b>04/03/1996</b>	
2. Principal Place of Business					2a. Mailing Address					4. FEI Number <b>62-0563567</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>					\$8.75 Additional Fee Required							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					\$5.00 May Be Added to Fees							
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

11. I hereby certify that the provisions of Sections 607.0102 and 607.1506, 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 of the person making the filing (i.e., the filer) (Required)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P CUMMINGS, THOMAS L. I</b>	1.2 NAME	
STREET ADDRESS	<b>2803 HEMMINGWAY DR.</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE TN</b>	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V MORRISON, JERRY E</b>	2.2 NAME	
STREET ADDRESS	<b>200 12TH AVE S</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE, TN 00000</b>	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V METCALFE, FRANK T.</b>	3.2 NAME	
STREET ADDRESS	<b>ROUTE 2</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>ADAMS TN</b>	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V SPEAS, JOHN D</b>	4.2 NAME	
STREET ADDRESS	<b>1005 LEXINGTON DRIVE</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>BRENTWOOD TN</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CP CUMMINGS JR, THOMAS L</b>	5.2 NAME	
STREET ADDRESS	<b>120 PROSPECT HILL</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>NASHVILLE, TENN 00000</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C BINKLEY, RUTH A</b>	6.2 NAME	
STREET ADDRESS	<b>5001 LANGFORD PASS</b>	6.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>OLD HICKORY TN</b>	6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included in 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:

*J D Speas*  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOHN D. SPEAS**

**3/7/97**

**615-782-7140**

CR2E034 (9/96)