

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

**FILED**  
**Mar 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J00519 (5)**

1. Corporation Name  
**ONE HOUR SIGNS, INC.**



Principal Place of Business C/O SCOTT H THORNTON 2214 NORTH MONROE STREET TALLAHASSEE FL 32303-4732 US	Mailing Address C/O SCOTT H THORNTON 2214 NORTH MONROE STREET TALLAHASSEE FL 32303-4732 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1660-4 N. Monroe St. Suite, Apt. #, etc. 22 City & State 23 Tall., FL Zip 24 32303 Country 25 USA	2a. Mailing Address 26 1660-4 N. Monroe St. Suite, Apt. #, etc. 27 City & State 28 Tall., FL Zip 29 32303 Country 30 USA	3. Date Incorporated or Qualified 02/21/1986	4. FEI Number 59-2661644 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THORNTON, SCOTT 2214 NORTH MONROE STREET TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1660-4 N. Monroe St. 83 84 City Tallahassee FL 85 Zip Code 32303
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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 *Scott H. Thornton, Pres.* DATE 3/26/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	THORNTON, JENNIFER L 2214 NORTH MONROE STREET TALLAHASSEE FL	1.1 TITLE P	Scott H. Thornton
NAME		1.2 NAME	1660-4 N. Monroe St.
STREET ADDRESS		1.3 STREET ADDRESS	Tallahassee, FL 32303
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPST	THORNTON, SCOTT H 2214 NORTH MONROE STREET TALLAHASSEE FL	2.1 TITLE VP/ST	Jennifer L. Thornton
NAME		2.2 NAME	1660-4 N. Monroe St.
STREET ADDRESS		2.3 STREET ADDRESS	Tallahassee, FL 32303
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Scott H. Thornton, Pres.* DATE 3/25/98 (850) 224-7446

CR2E034 (10/97)