

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Martinez  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 12 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # J81141 (0)**  
1. Corporation Name  
**GLOMASTER SIGN CO., INC.**



Principal Place of Business: **3416 INDUSTRIAL 31ST ST. FT. PIERCE FL 34946**  
Mailing Address: **3416 INDUSTRIAL 31ST ST. FT. PIERCE FL 34946**

3. Date Incorporated or Qualified: **07/01/1987**  
3a. Date of Last Report: **04/13/1995**  
4. FLL Number: **59-2826802**  
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 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25 Country

9. Name and Address of Current Registered Agent  
**HART, JAMES M  
4100 REDWOOD DR  
FT. PIERCE FL 34951**

11. Pursuant to the provisions of Sections 607.0902 and 607.1504, 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 607.0905, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HART, JAMES M.	
STREET ADDRESS	4100 REDWOOD DR	
CITY-STATE-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HART, REBECCA	
STREET ADDRESS	4100 REDWOOD DR	
CITY-STATE-ZIP	FT. PIERCE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HART, TRACIE	
STREET ADDRESS	4100 REDWOOD DR	
CITY-STATE-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>T Lamb, Tracie</b>
33 STREET ADDRESS	<b>20-17 NW 32nd Dr.</b>
34 CITY-STATE-ZIP	<b>OKeechobee, FL 34972</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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)(a), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to exercise this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change of or on an addition with an address.

SIGNATURE: *Rebecca Hart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**REBECCA HART**

4/3/96 407-464-0718

CR2E034 (12/95)