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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # L63174 (1)

1. Corporation Name
SCOTT SIGN SYSTEMS, INC.

Principal Place of Business
%DONALD O. FEATHERMAN
PO BOX 1047
TALLEVAST FL 34270

Mailing Address
%DONALD O. FEATHERMAN
PO BOX 1047
TALLEVAST FL 34270

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/29/1990

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 Country 30

4. FEI Number
65-0200051
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FEATHERMAN, DONALD O.
7524 COMMERCE PL
SARASOTA FL 34243

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 reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FEATHERMAN, SUSAN S.		1.2 NAME		
STREET ADDRESS	5122 KESTRAL PKWY S		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 33581		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, ISABEL S.		2.2 NAME		
STREET ADDRESS	1500 NORTH DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 33579		2.4 CITY-ST-ZIP		
TITLE	APD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FEATHERMAN, DONALD O.		3.2 NAME		
STREET ADDRESS	5122 KESTRAL PKWY S		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 33581		3.4 CITY-ST-ZIP		
TITLE	APD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NORTON, RANDY H.		4.2 NAME		
STREET ADDRESS	1500 NORTH DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 33579		4.4 CITY-ST-ZIP		
TITLE	ATD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRATT, RICHARD W.		5.2 NAME		
STREET ADDRESS	1215 MANATEE AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 33506		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: _____ R.W. Pratt, Co-Secretary 4/9/98 (941) 355-5171