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03-03-1999 90087 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L63174**

1. Corporation Name
SCOTT SIGN SYSTEMS, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 03/29/1990

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

4. FEI Number: 65-0200051 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ 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: Kathy Hannon
82 Street Address (P.O. Box Number is Not Acceptable): 2175 Shadow Oaks Rd
83
84 City: Sarasota FL 85 Zip Code: 34270

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: Kathy Hannon Vice President & General Manager DATE: 1/20/99
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	TD	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FEATHERMAN, SUSAN S.		1.2 NAME	Ravi Venkataraman	
STREET ADDRESS	5122 KESTRAL PKWY S		1.3 STREET ADDRESS	1763 Timber Trail	
CITY-ST-ZIP	SARASOTA FL 33581		1.4 CITY-ST-ZIP	Cookeville TN 38506	
TITLE	DS	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	NORTON, ISABEL S.		2.2 NAME	Kathy Hannon	
STREET ADDRESS	1500 NORTH DR		2.3 STREET ADDRESS	2175 Shadow Oaks Rd	
CITY-ST-ZIP	SARASOTA FL 33579		2.4 CITY-ST-ZIP	Sarasota FL 34270	
TITLE	APD	☒ DELETE	3.1 TITLE	A S	☒ Change ☐ Addition
NAME	FEATHERMAN, DONALD O.		3.2 NAME	Stewart Abbott	
STREET ADDRESS	5122 KESTRAL PKWY S		3.3 STREET ADDRESS	6661 Windjammer Place	
CITY-ST-ZIP	SARASOTA FL 33581		3.4 CITY-ST-ZIP	Bradenton FL 34202	
TITLE	APD	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	NORTON, RANDY H.		4.2 NAME	Donald Polak	
STREET ADDRESS	1500 NORTH DR		4.3 STREET ADDRESS	1209 Beddington Pk.	
CITY-ST-ZIP	SARASOTA FL 33579		4.4 CITY-ST-ZIP	Nashville TN 37215	
TITLE		☐ DELETE	5.1 TITLE	S	☒ Change ☐ Addition
NAME			5.2 NAME	Arthur Dilling	
STREET ADDRESS			5.3 STREET ADDRESS	5006 Mountview Place	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Brentwood TN 37027	
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 (11/98)

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, with all other like empowered.

SIGNATURE: STEWART ABBOTT Stewart Abbott 1/20/99 941-355-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #