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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000030488 (6)

ACME STRIPING & SIGNING, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							I I ABNIBAR ILA IBIIA ARIII ABIII ABIII BEINI BEINI BEINI BONI BIDEL IDIBI (B.11 100)		
1643 CHATEAU DR 1643 CHATEAU DR									
JACKSONVILLE FL 32221				JACKSONVILLE FL 32221				DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
								04/01/1996	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number Applied For	
21				26				59-3358229 Not Applicable	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				S8 75 Additional	
22			27	27				5. Certificate of Status Desired Fee Required	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be	
23			28					Trust Fund Contribution Added to Fees	
Zip	Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible	
24	25 29 30				30	Personal Property Tax due June 30. Yes No			
<u></u>		and Address of Curre	nt Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent	
	AYLORD, M					01	Name		
1643 CHATEAU DR				82 Street A			Street	et Address (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32221				83					
·									
						84	City	FL 85 Zip Code	
11. Pursuant	to the provis	ions of Sections 607.05	02 and 6	07.1508, Florida Stati	ites, the a	bovi	e-named	ed corporation submits this statement for the purpose of changing its registered	
office or i	regi ste red aç ım fem iliar w	jent, or both, in the State	n of Florio nations o	da. Such change was f. Section 607.0505. F	: authoriz∈ Iorida Sta	d by tutes	/ the cor s.	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered	
i la companya di managantan di managantan di managantan di managantan di managantan di managantan di managanta									
SIGNATURE	Signature, lyped	or proded name of engistered as	ent and tice	if applicable (NC)TE Registero	d Age	ent signaturi	DATE DATE	
12.		OFFICERS AN	ID DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT			☐ DELETE	1.1)			☐ Change ☐ Addition	
NAME	ANA CHATEAN DD			1.2 NAME					
STREET ADDRESS	HOVEONIMITE EL 20001			1.3 STREFT ADDRESS				SS	
CITY-ST-ZIP	JACKSONVILLE FL 32221						ST - ZIP	Change Addition	
TITLE	OV CAVI ODD THOMAS A					21 TITLE			
NAME	4040 OUATEAU DD			22 NAM					
	TREET ADDRESS 1643 CHATEAU DR				2.3 STREET A			SS	
CITY-ST-ZIP				DELETE	2.4 C DELETE 3.1 TI			Change Addition	
TITLE	DS CHARLES M					3.1 TITLE 3.2 NAME		C origings	
NAME	4040 OLIATEALI DO				3.2 NAME 3.3 STRFET ADDRESS		******		
STREET ADDRESS	IACKOURNITE EL BOOOS							25	
CiTY-ST-ZIP	WOODONNIEL IE SEEE!			DELETE 4.1.7			ST-7IP	Change Addition	
TITLE				4.28					
NAME							ADDRESS	ec	
STREET ADDRESS				4.3 S 4.4 C			ADDRESS	აა	
CITY-ST-ZIP TITLE				DELETE 5.1 T			21-11	Change Addition	
i				precie		IAME			
NAME CAREST LABORES							ADDRESS	ec	
STREET ADDRESS					5 4 CITY-ST-ZIP			^w	
CITY-ST-ZIP				DELETE 61 TITL			יי נור	Change Addition	
TITLE						IAME			
NAME OTOGET LOODEGE							ADDRESS	ee	
STREET ADDRESS	1							ω	
CITY-ST-ZIP	L				640	/IIY-8	SI - 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 trusted 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.

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