FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

Mailing Address

1200 ARNOLDWARE DR

PANAMA CITY F 32401-2217

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1200 ARNOLDWARE DR

PANAMA CITY F 32401



changed, or on an au

nent with an address

FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000024142 (9)

BELL SIGNS INSTALLATION, INC.

US 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1994 09/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3230344 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zıç Country Z_{10} 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PRESLEY, LARRY 2908 KINGS ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32405 83 84 City Zip Code 85 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 Signature, typed or point of name of registered agent and tile 1 appricable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD DELETE 1.1 TITLE Change Addition PRESLEY, LARRY NAME 1.2 NAME 2908 KINGS ROAD STREET ADDRESS 13 STREET ADDRESS PANAMA CITY FL 32405 CHTY+\$1+ZIP 1.4 CiTY - ST - ZIP DELETE Addition THE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 City - St - ZiP ☐ DELETE TIFLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIE 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIF 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP THE DELETE 6.1 TITLE Change Addition 'ME 6.2 NAME **FET ADDRESS** 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP I do 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 in 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 pears in Block 12 or Block 13