

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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J00519 (5)

1. Corporation Name  
ONE HOUR SIGNS, INC.

Principal Place of Business  
\* ROBERT H. THORNTON  
2214 NORTH MONROE STREET  
TALLAHASSEE FL 32303-4732

Mailing Address  
\* ROBERT H. THORNTON  
2214 NORTH MONROE STREET  
TALLAHASSEE FL 32303-4732



3. Date Incorporated or Qualified 02/21/1986  
3a. Date of Last Report 06/25/1996

2. Principal Place of Business  
21 Scott H. Thornton  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Scott H. Thornton  
Suite, Apt. #, etc.

4. FEI Number 59-2661644  
Applied For Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORNTON, ROBERT H.  
2214 NORTH MONROE STREET  
TALLAHASSEE FL 32302

81 Name Scott Thornton  
82 Street Address (P.O. Box Number is Not Acceptable) 2214 N. Monroe St.  
83  
84 City Tallahassee FL 85 Zip Code 32303

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: *Scott H. Thornton* J.P. DATE: 5/5/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THORNTON, MARTHA H.	
STREET ADDRESS	2214 NORTH MONROE STREET	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	THORNTON, ROBERT H.	
STREET ADDRESS	2214 NORTH MONROE STREET	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jennifer L. Thornton	
1.3 STREET ADDRESS	2214 N. Monroe St.	
1.4 CITY - ST - ZIP	Tallahassee, FL 32303	
2.1 TITLE	J.P. / S.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Scott H. Thornton	
2.3 STREET ADDRESS	2214 N. Monroe St.	
2.4 CITY - ST - ZIP	Tallahassee, FL 32303	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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: *Scott H. Thornton* J.P. DATE: 5/5/97 (904) 395-5450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)