

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 249211

**Entity Name:** ART-GLO SIGNS, INC.

**Current Principal Place of Business:**

205 S. HOOVER ST.  
SUITE #400  
TAMPA, FL 33609

**Current Mailing Address:**

205 S. HOOVER ST.  
SUITE #400  
TAMPA, FL 33609

**FEI Number:** 59-0863464

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILSON, J.STYLES  
205 S HOOVER ST.  
#400  
TAMPA, FL 33609 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	VP, DIRECTOR
Name	CARTER, SHIRLEY
Address	205 S HOOVER ST #400
City-State-Zip:	TAMPLA FL 33609
Title	D
Name	FARMER, JAMES D
Address	205 S HOOVER ST.#400
City-State-Zip:	TAMPA, FL FL 33609
Title	VP, DIRECTOR, TREASURER
Name	THATCHER, JONATHAN M
Address	205 S. HOOVER ST. SUITE #400
City-State-Zip:	TAMPA FL 33609

Title	PRESIDENT, DIRECTOR
Name	THATCHER, CAROLYN
Address	205 S HOOVER ST #400
City-State-Zip:	TAMPA FL 33609
Title	VP, DIRECTOR
Name	GRANELL, ALLISON
Address	205 S. HOOVER BLVD SUITE #400
City-State-Zip:	TAMPA FL 33609
Title	VP, DIRECTOR, SECRETARY
Name	ANGLIN, KIMBERLY A
Address	205 S. HOOVER ST. SUITE #400
City-State-Zip:	TAMPA FL 33609

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHIRLEY CARTER

VP

01/30/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date