

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000030488

**Entity Name:** ACME STRIPING & SIGNING, INC.

**Current Principal Place of Business:**

1643 CHATEAU DR  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

1643 CHATEAU DR  
JACKSONVILLE, FL 32221

**FEI Number:** 59-3358229

**Certificate of Status Desired:** No

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

GAYLORD, MYRA E  
1643 CHATEAU DR  
JACKSONVILLE, FL 32221 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            DPT  
Name            GAYLORD, MYRA E  
Address        1643 CHATEAU DR  
City-State-Zip: JACKSONVILLE FL 32221

Title            DV  
Name            GAYLORD, THOMAS A  
Address        1643 CHATEAU DR  
City-State-Zip: JACKSONVILLE FL 32221

*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:** MYRA E. GAYLORD

DPT

04/07/2021

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

\_\_\_\_\_  
Date