

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 138683 (8)

1. Corporation Name
ACOLITE SIGN COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 2:25

Principal Place of Business Mailing Address
4710 N W 37TH AVE 4710 N W 37TH AVE
MIAMI FL 33142 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 540 W 83rd ST		26 PO Box 522517		02/27/1940		06/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-0135847		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 Hialeah, FL		28 MIAMI, FL		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No			
24 33014 25 USA		29 33152 30 USA					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIFFENDERFER, CHET 4710 NW 37 AVENUE MIAMI FL 33142				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City Hialeah FL 85 Zip Code 33014			

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 Chet Diffenderfer DATE 1/19/95
(Type, print, or typed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	DIFFENDERFER, CHET JR.	1.2 NAME	DIFFENDERFER, CHET
STREET ADDRESS	9960 KENDALE BLVD	1.3 STREET ADDRESS	540 W 83rd ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	HIALEAH, FL 33014
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: Chet Diffenderfer DATE 1/19/95 305-362-2333
(Type, print, or typed name of signing officer or director) (Date)