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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

**DOCUMENT # 339701** 

(5)

## FILED Jan 14 1997 8:00am Secretary of State

BOONE SIGN ERECTION AND SERVICE INC  Principal Place of Business Mailing Address  28 W MICHIGAN ORLANDO FL 32806 ORLANDO FL 328064453					
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/31/1968	01/19/1996
2. Principa! Place of Business		2a. Mailing Address		4. FE Number	Applied For
Et	ot. #, etc.	Suite, Apt. #, etc		59-1226483	Not Applicable
22 Suite, 74	DU. #, E(G:	27 Stille, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & St	tate	City & State		6. Election Campaign Financing	\$5.00 May Be
13		28		Trust Fund Contribution	Added to Fees
Zip	Country	2ф	Country	8. This corporation has liability for	intangible tax under s. 199,032,
24	25	29	30	1	Yes □ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
	OONE,ROBERT		81 Name		
4408 SEILS WAY			82 Street Add	fress (P.O. Box Number is Not Acceptab	ole)
ORLANDO FL 32806			83	92	
			03		
			84 City		FL 85 Zip Code
SIGNATURI	Signatur Ayaed (Aranie of region ed an OFFICERS AN	en de diale il application (NO ID DIRECTORS DELETE	/i: egr≤lered Agent signature redu 13.	ADDITIONS/CHANGES TO OFFICE	DATE  CERS AND DIRECTORS IN 12  Charge Addition
TITLE NAME	D   Boone, Robert D	L WELEN	1 1 TITLE 1 2 NAME		C Cuante C vocition
STREET ADORES			1 3 STREET ADDRESS		
CITY - S1 - ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP		
TITLE	VD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOONE, WILLIAM C		2.2 NAME		
STREET ADDRES	S 4225 BOGGY CREEK ROAD		2.3 STREET ADDRESS		
CHTY-ST-ZIF	KISSIMMEE FL	- I constant	2 4 CITY-ST-ZIP		
TITLE	PT PAGE PAGE	DELETE	31 TITLE		Change Addition
NAME Order Address	BOONE, ROBERT		3.2 NAME		
STREET ADDRESS	, 1100 02.00 1		3 3 STREET ADORESS 3 4 CITY-ST-ZIP		
CITY-ST-ZIP	ORLANDO, FL 00000 SD	DELETÉ	4.1 TITLE		Change Addition
NAMé	EVANS, JEANNETTE	<del></del>	4 2 NAME		
STREET ADDRES			43 STREET ADDRESS		
City - ST - ZIP	ORLANDO, FL 00000		4 4 CITY-ST-ZIP		
THLE	The state of the s	DELETE	51 TITLE		Change Addition
NAME		•	5.2 NAME		
STREET ADDRES	38		5.3 STREET ADDRESS		
CITY-ST-ZIP		- Opieve	5.4 CITY - ST - ZIP		[ ] AL
TITLE		DELETE	ה TITLE י 6		Change Addition
NAME			6.2 NAME		
STREET ADDRES	55		6.3 STREET ADDRESS		
CITY-ST-ZIP			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 of changed, or on an attachment with an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT D 1/6/91

401-422-6149

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