FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **453807** **(0)**

1. Corporation Name

MODERN STAMP & SIGN MFG. CO.

Principal Place of Business

2601 WEST CERVANTES STREET
P.O. BOX 3712
PENSACOLA FL 32501-7154

Mailing Address

2601 WEST CERVANTES STREET
P.O. BOX 3712
PENSACOLA FL 32505-7154

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | County 30

3. Date Incorporated or Qualified: **06/01/1974**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1571776** ☐ Applied For ☐ Not Applicable

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

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

8. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ADAMS, O.E.SR.,
ATTORNEY AT LAW
2020 NORTH PALAFOX STREET
PENSACOLA FL 32581

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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 (Signature of a new registered agent required for agent change) (Name of New Registered Agent required for agent change) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	CLOUD, GERALD		12 NAME	
STREET ADDRESS	5520 DOMINIC LN		13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP	
TITLE	S	☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	MATTHEW, ROBBIN		22 NAME	
STREET ADDRESS	1000 S FAIFIELD, LOT 73		23 STREET ADDRESS	6393 N. Blue Angel Pkwy
CITY-ST-ZIP	PENSACOLA FL		24 CITY-ST-ZIP	Pensacola, FL 32526
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	CLOUD, GAIL P.		32 NAME	
STREET ADDRESS	5520 DOMINIC LN		33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and complete. 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 attached sheet with an address.

SIGNATURE: Gail P. Cloud Gail P. Cloud 3/5/96 904-433-6870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)