FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719170 (3)

1. Corporation Name

FLORIDA SIGN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1820 WOODENRAIL LN JACKSONVILLE FL 32225-513 US	1820 WOODENRAIL LN JACKSONVILLE FL 32225-513 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1970
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-1300302 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WALLACE, ROBERT
4493 36TH STREET SW
ORLANDO FL 32811

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	BISHOP, KATHY	1.2 NAME		
STREET ADDRESS	8355 GARDEN ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVERA BEACH FL	1.4 CITY-ST-ZIP		
TITLE	~~VP~~	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	DOWLING, LYNN	2.2 NAME	DOWLING, LYNN	
STREET ADDRESS	2834 N. N. MAIN ST	2.3 STREET ADDRESS	2834 N. MAIN ST	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, MIKE	3.2 NAME		
STREET ADDRESS	3633 ST AUGUSTINE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	~~ED~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~RILEY, DOROTHY~~	4.2 NAME	MARK SCHAEFER	
STREET ADDRESS	~~4301 PLAZA GATE LANE 101~~	4.3 STREET ADDRESS	3935 TAMPA ROAD	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	4.4 CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	T	5.1 TITLE	D	☒ Change ☐ Addition
NAME	JOHNSON, JERRY	5.2 NAME	LARRY JONES	
STREET ADDRESS	5160 SUNBEAM RD.	5.3 STREET ADDRESS	5377 ASHTON COURT	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	SARASOTA, FL 33583	
TITLE	ED	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WILLIAMS, SHARON	6.2 NAME	SHARON WILLIAMS	
STREET ADDRESS	1820 WOODENRAIL LN	6.3 STREET ADDRESS	1820 WOODENRAIL LANE	
CITY-ST-ZIP	~~JACKSONVILLE FL 19~~	6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon Williams 2/1/95 (904) 642-6267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #

0028020