

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719170** (3)

1. Corporation Name

**FLORIDA SIGN ASSOCIATION, INC.**



Principal Place of Business <b>1820 WOODENRAIL LN JACKSONVILLE FL 32225-513 US</b>	Mailing Address <b>1820 WOODENRAIL LN JACKSONVILLE FL 32225-513 US</b>
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3. Date Incorporated or Qualified <b>08/20/1970</b>
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4. FEI Number <b>59-1300302 3127814</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  <b>WALLACE, ROBERT 4493 36TH STREET SW ORLANDO FL 32811</b>	
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10. Name and Address of New Registered Agent	
<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYNN DOWLING</b>	1.2 NAME	<b>MIKE BOYD</b>
STREET ADDRESS	<b>2834 N MAIN ST</b>	1.3 STREET ADDRESS	<b>3649 PROGRESS AVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	<b>NAPLES, FL 34104</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERRY JOHNSON</b>	2.2 NAME	<b>JERRY JOHNSON</b>
STREET ADDRESS	<b>5160 SUNBEAM ROAD</b>	2.3 STREET ADDRESS	<b>5160 SUNBEAM ROAD</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	<b>JACKSONVILLE, FL 32257</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YESBECK, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>540 W. 83 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHAEFER, MARK</b>	4.2 NAME	
STREET ADDRESS	<b>3985 TAMPA RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, LARRY</b>	5.2 NAME	<b>JENNIFER SWARTOUT</b>
STREET ADDRESS	<b>5377 ASHTON CT</b>	5.3 STREET ADDRESS	<b>1604 18TH AVE. DRIVE EAST</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	<b>PALMETTO, FL 34221</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>WILLIAMS, SHARON</b>	6.2 NAME	
STREET ADDRESS	<b>1820 WOODENRAIL LN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	

14. I 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 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* **SHARON WILLIAMS 1/23/98 642-0299** (904)

CR2E037 (10/97)