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**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90036 046 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 719170**

1. Corporation Name

**FLORIDA SIGN ASSOCIATION, INC.**

Principal Place of Business

1820 WOODENRAIL LN  
JACKSONVILLE FL 32225-513  
US

Mailing Address

1820 WOODENRAIL LN  
JACKSONVILLE FL 32225-513  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/20/1970</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3127814</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	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
85	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, MIKE</b>	1.2 NAME	
STREET ADDRESS	<b>3649 PROGRESS AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JERRY JOHNSON</b>	2.2 NAME	
STREET ADDRESS	<b>5160 SUNBEAM ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input 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>S</b>	4.1 TITLE	<input 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>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWARTOUT, JENNIFER</b>	5.2 NAME	
STREET ADDRESS	<b>1604 18TH AVE DR E</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALMETTO FL 34221</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Sharon Williams* **SIGNATURE REQUIRED SHARON WILLIAMS 1/20/99 (904) 642-0299**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)