

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **818021** (8)

1. Corporation Name
**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SE
RVICE**

000001450130
-04/07/95--01017--005
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
AL SIGN SERVICE **AL SIGN SERVICE**
200 12TH AVENUE SOUTH **200 12TH AVENUE SOUTH**
NASHVILLE TENNESSEE 37203 **NASHVILLE TENNESSEE 37203**

3. Date Incorporated or Qualified **07/02/1964** 3a. Date of Last Report **04/19/1994**

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

4. FEI Number **62-0563567** Applicant 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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

NOTE: Registered Agent signature required when resigning!

DATE

12566 Attached sheet OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CUMMINGS, THOMAS L. I
STREET ADDRESS	2803 HEMMINGWAY DR.
CITY - ST - ZIP	NASHVILLE TN
TITLE	V
NAME	MORRISON, JERRY E
STREET ADDRESS	200 12TH AVE S
CITY - ST - ZIP	NASHVILLE, TN 00000
TITLE	V
NAME	METCALFE, FRANK T.
STREET ADDRESS	ROUTE 2
CITY - ST - ZIP	ADAMS TN
TITLE	V
NAME	EVERETT, WALTER T
STREET ADDRESS	P. O. BOX 680126
CITY - ST - ZIP	FRANKLIN TN
TITLE	CP
NAME	CUMMINGS JR, THOMAS L
STREET ADDRESS	120 PROSPECT HILL
CITY - ST - ZIP	NASHVILLE, TENN 00000
TITLE	C
NAME	BINKLEY, RUTH A
STREET ADDRESS	5001 LANGFORD PASS
CITY - ST - ZIP	OLD HICKORY TN

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - ZIP	

4/5/95 MCB

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)(b), 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 937, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

John D Spens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John D Spens Vice President Finance

3/30/95
DATE

(415) 244-5555
TELEPHONE NUMBER