

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **818021 (8)**

1. Corporation Name

**CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SERVICE**



Principal Place of Business

Mailing Address

AL SIGN SERVICE  
200 12TH AVENUE SOUTH  
NASHVILLE TENNESSEE 37203

AL SIGN SERVICE  
200 12TH AVENUE SOUTH  
NASHVILLE TENNESSEE 37203

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**07/02/1964**

3a. Date of Last Report  
**04/05/1995**

4. FEI Number  
**62-0563567**

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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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 607.1506, 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's signature required when making change)

Date

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Addition
4.2 NAME	Vice President C.F.O. John D SPEAS
4.3 STREET ADDRESS	1005 Lexington Drive
4.4 CITY-ST-ZIP	Brentwood TN 37027
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	

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)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. S. New*

3/29/96

(615) 244-5555

CR2E034 (12/95)