

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 08, 1999 8:00 am  
Secretary of State

03-08-1999 90081 042 \*\*\*150.00

DOCUMENT # 818021

1. Corporation Name

CUMMINGS INCORPORATED, THE INTERNATIONAL SIGN SE  
RVICE

Principal Place of Business

AL SIGN SERVICE  
200 12TH AVENUE SOUTH  
NASHVILLE TENNESSEE 37203

Mailing Address

AL SIGN SERVICE  
200 12TH AVENUE SOUTH  
NASHVILLE TENNESSEE 37203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1964

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 owes the current year intangible  
Personal Property Tax.

☐

Yes

☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME CUMMINGS, THOMAS L. I  
STREET ADDRESS 2803 HEMMINGWAY DR.  
CITY-ST-ZIP NASHVILLE TN

TITLE V ☐ DELETE

NAME METCALFE, FRANK T.  
STREET ADDRESS ROUTE 2  
CITY-ST-ZIP ADAMS TN

TITLE V ☐ DELETE

NAME SPEAS, JOHN D  
STREET ADDRESS 1005 LEXINGTON DRIVE  
CITY-ST-ZIP BRENTWOOD TN

TITLE CP ☐ DELETE

NAME CUMMINGS JR, THOMAS L  
STREET ADDRESS 120 PROSPECT HILL  
CITY-ST-ZIP NASHVILLE, TENN 00000

TITLE C ☐ DELETE

NAME BINKLEY, RUTH A  
STREET ADDRESS 5001 LANGFORD PASS  
CITY-ST-ZIP OLD HICKORY TN

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Speas 2/24/99 (615) 782-7140

Date

Daytime Phone #

CR2E034 (1/98)