

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 1:49

DOCUMENT # F32936

(9)

1. Corporation Name

MOBILE SIGNS OF FLORIDA, INC.

Principal Place of Business

**26644 BERMUDA DR
TAVARES FL 32778**

Mailing Address

**26644 BERMUDA DR
TAVARES FL 32778**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/01/1981

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2204501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**COX, CARLTON R.
26644 BERMUDA DRIVE
TAVARES FL 32778**

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

DP

NAME

COX, CARLTON R.

STREET ADDRESS

26644 BERMUDA DRIVE

CITY- ST - ZIP

TAVARES FL

TITLE

ST

NAME

COX, TERRELL F.

STREET ADDRESS

26644 BERMUDA DRIVE

CITY- ST - ZIP

TAVARES FL

TITLE

V

NAME

VALIDO, LEON

STREET ADDRESS

12511 ALD 441

CITY- ST - ZIP

TAVARES FL

TITLE

V

NAME

HOWES, MICHAEL

STREET ADDRESS

4301 N HWY 18A

CITY- ST - ZIP

MT DORA FL

TITLE

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

Delete from List

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CARLTON R. COX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95

904-343-0505