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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Morbam

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # **F78052** 

(0)

1. Corporation Name ATLANTIC SIGNS, INC.	( )
Principal Place of Business	Mailing Address
% STEVEN C. KOEGLER 107 MOTT STREET JACKSONVILLE FL 32205	% Steven C. Koegler 107 mott street Jacksonville Fl 32205
Principal Place of Business     1	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

3a. Date of Last Report 03/16/1995

3. Date Incorporated or Qualified 05/01/1982

2. Principal Pla	ce of Business	2a. Mailing Address	, , , , , , , , , , , , , , , , , , , ,	4. FEI Number	Applied For
21		26		59-2187543	Not Applicable
Suite, Apt. #	I, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	- Zφ	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30	Total Edition	□No
	9. Name and Address of Curren	it Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name		
1101 E	ler, steven C. Blackstone Bldg. Conville FL 32202		82 Street Addy 101 83 Bull	ices (P.O. Siox Number is Not Acceptate 51 Deer wood ding 100 Suit 50nuille	Park Blud e 200
			84 TACK	Sonulle.	FL   <u>" </u> 32256
or registere familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	oa. Stich change was authorize tion 607,0505, Florida Statutes.	s, the above-named corpor d by the corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the app	mose of changing its registered office
	Signature, typed or printed name of registered age:	Land the Lapphable (N° ) ID DIRECTORS	En Register of Agent Signal in tempor	ADDITIONS/CHANGES TO OFF	
12.	PST OFFICERS AN	DELETE	1 1 11/14		Change Addition
TILLE	JORDAN, ROBERT		1.2 NAME		
NAME	107 MOTT ST		1.3 STREET ADDRESS		
STREET ADDRESS	JACKSONVILLE, FL 00000		1.4 CHY+S1+ZIP		
CITY-ST-ZIP	SACKSONVICEE, 12 00000	DELETE	2 11/ILE		Change Addition
TITLE			2.2 NAMÉ		
NAME			2.3 STREE! ADDRESS		
STREET ADDRESS			2 4 Cily - S1 - ZIP		
CITY-ST-ZIP		DELETE	3 1 THLE		Change Addition
115LE	1	<b>—</b>	3.2 NAME		
NAME	i		3.3 STREET ADDRESS		
STREET ADDRESS			3.4 CITY - S' - Z-F'		
CHY-ST-ZIP TITLE		DELETE	4 11111.6		Change Addition
			4,2 NAME		
NAME STOREST ADDRESS			4.3 STREET ADDRESS		
STREET ADDRESS			4.4 CITY - ST - ZIP		
CITY-SI-ZIP		☐ DELETÉ	5 1 TITLE		Change Addition
TITLE			5.2 NAME		
NAME			5.3 STIPEET ADDRESS		
STREET ADDRESS			5 4 CITY- ST- ZIP		
CITY-ST-ZIP		DELETE	6 1 TILE		Change Addition
TITLE		beech	6.2 NAME		<del></del>
NAME			6.3 STREET ADDRESS		
STREET ADDRESS					
CITY - ST - ZIP			6.4 CHY S1 - 719		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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:

ROUNT JOA JOAN GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/18/96 388.1234