

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

DOCUMENT # F78052

1. Corporation Name  
ATLANTIC SIGNS, INC.

Principal Place of Business  
% STEVEN C. KOEGLER  
107 MOTT STREET  
JACKSONVILLE FL 32254  
US

Mailing Address  
% STEVEN C. KOEGLER  
107 MOTT STREET  
JACKSONVILLE FL 32205

2. Principal Place of Business  
21 107 Mott Street

2a. Mailing Address  
26 107 Mott Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Jacksonville, Florida

27 City & State  
28 Jacksonville, Florida

24 Zip  
32254

Country

25 US  
29 32254

Country

30 UX

9. Name and Address of Current Registered Agent

KOEGLER, STEVEN C.  
10151 DEERWOOD PARK BLVD  
BUILDING 100 SUITE 200  
JACKSONVILLE FL 32256

81	Name James V. Walker	Applied For Not Applicable
82	Street Address (P.O. Box Number is Not Acceptable) 217 Ponte Vedra Park Drive	
83	Suite 200	
84	City Ponte Vedra Beach	Zip Code FL 32082

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

*Vincent Walker*

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN 11 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	JORDAN, ROBERT		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	107 MOTT ST		
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32254		
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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:

*Robert Jordan*

1-6.99

Daytime Phone #

0042466

CR2E034 (11/98)