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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # F80037 OWEN SIGN STUDIOS, INC. Principal Place of Business Mailing Address 104 ANASTASIA BLVD. 104 ANASTASIA BLVD. ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 3. Date Incorporated or Qualified 3a. Date of Last Report 05/05/1982 07/25/1995 2. Principal Place of Business 2a. Maing Address 4. FEI Number Applied For 21 26 Not Applicable 59-2204629 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zipi Country Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MCCLURE, GEORGE M 82 Street Address (P.O. Box Number is Not Acceptable) 81 KING STREET, SUITE A 83 ST AUGUSTINE FL 32084 City 84 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. Thereby accept the appointment as registered agent, I arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signal are type dide purpose has a retresp to restrope than tipes it again and DATE 12 (12/95)OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE **PVS** 1 1 TUDE ☐ Change Add tion NAME OWEN, VICTOR D. 1.2 NAM9 CR2E034 1275 S. WINTERHAWK DR. STREET ADDRESS 1.3 STREET ADDRESS CITY - ST - ZIP ST. AUGUSTINE FL 32086 1.4 CITY - S* - ZIP TITLE DELETE 2 1 7/16 Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CiTY - \$1 - ZiP TITLE DELFTE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREFT ADDRESS CITY-S1-ZIP 3.4 CHTY - S1 - ZIP THILE DELETE 4.1 Ditte ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4.CITY - ST - 71F TITLE DELETE 5 1 TIFLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-7IP 5.4 CITY - ST - ZIP THILE DELETE 6 1 TIFLE [] Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS. CITY - ST - ZIP 6.4 City - ST- Zie 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 regions of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address SIGNATURE: