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

**FILED** Jun 02 1998 8:00am **PROFIT** LLORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State **1998** DIVISION OF CORPORATIONS DOCUMENT # F97000006519 (9) ALVEY'S SIGN CO. INC. Principal Place of Business Mailing Address P.O. BOX 225 P.O. BOX 225 **EVANSVILLE IN 47702 EVANSVILLE IN 47702** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 35-1651189 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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, typed or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change ALVEY, KEN NAME 1.2 NAME 3494 BURKE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **EVANSVILLE IN** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE ALVEY, HELEN NAME 2.2 NAME 3494 BURKE DRIVE STREET ADDRESS 2.3 STREET ADDRESS EVANSVILLE IN CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. City - ST- ZIP DELETE Change Addition BILE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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

5.4 CITY - \$1 - ZIP

**6.3 STREET ADDRESS** 

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

HELEN ALLIEV SPOLGE

812-867-2567

Change

Addition