

F98000005988

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: CUSTOM PRODUCTS CORPORATION
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

HAL PERKINS 800002648088-1
-09/24/98--01052--002
*****70.00 *****70.00
(Name of Person) W98-21925

CUSTOM PRODUCTS CORP
(Firm/Company)

P.O. Box 54091
(Address)

JACKSON, MS 39288
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

HAL PERKINS at (601) 932-5854
(Name of Person) (Area Code & Daytime Telephone Number)

COURIER ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
98 OCT 28 AM 11:53

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 24, 1998

HAL PERKINS
CUSTOM PRODUCTS CORP
P.O. BOX 54091
JACKSON, MS 39288

SUBJECT: CUSTOM PRODUCTS CORPORATION
Ref. Number: W98000021925

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We have received your document for CUSTOM PRODUCTS CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 498A00048257

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RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Hal Perkins (Name), do hereby certify

that this Resolution of the Board of Directors of Custom Products Corporation

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Mississippi,

was duly adopted on September 28, 19 98.

Be it resolved, that Custom Products Corporation (Corporate Name)

organized and existing in the State of Mississippi, hereby adopts the name

CPC Signs Corporation for use in Florida.

Dated: 9/28/98

Hal Perkins
Signature of either Chairman, Vice Chairman or any officer

Hal Perkins
Type or print name

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CUSTOM PRODUCTS CORPORATION
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. MS 3. 64-0701635
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/26/84 5. PERPETUAL - 99 YEARS
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON COMPLETION
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. BOX 54091
JACKSON, MS 39288
(Current mailing address)
8. SELL TRAFFIC SIGNS
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
- Name: HOLLY L. TICKNER
- Office Address: 900 GULF SHORE DR. 2034
DESTIN, FLA, Florida, 32541
(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Holly L. Tickner
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: N/A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: DENNIS PERKINS

Address: 306 HAND DR

JACKSON, MS ~~39042~~ 39042

Vice President: HAL PERKINS

Address: 150 BELLE POINTE BLVD

MADISON, MS 39110

Secretary: GARY PENDERGRASS

Address: FLYNN DR

PEARL, MS, 39208

Treasurer: GARY PENDERGRASS

Address: FLYNN DR

Pearl, MS 39208

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Hal Perkins

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HAL PERKINS VP

(Typed or printed name and capacity of person signing application)

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State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on October 26, 1984 the state of Mississippi issued a Charter/Certificate of Authority to:

CUSTOM PRODUCTS CORPORATION.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

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Given under my hand
and seal of office
September 17, 1998

Eric Clark

ERIC CLARK,
Secretary of State