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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	G60731
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(8)

SIGNS, ETC., INC.

Mailing Address	
6704 RANGER DRIVE	

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Principal Place of Business Mailing Address		t the stiff and a stiff and a stiff the stiff and a stiff and a stiff a stiff and a stiff a st			
6704 RANGER		6704 RANGER DRIVE			
TAMPA FL 3361		TAMPA FL 33615			
US		US		3. Date Incorporated or Qualified	1
				09/12/1983	04/14/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2881647	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, etc.	Mi	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	Mile		W1.	6. Election Campaign Financing	\$5.00 May Be
City & State		Orty & State		Trust Fund Contribution	Added to Fees
23 Zip	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24	25		30	Florida Statutes	es No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New	Registered Agent
			81 Name 7	BERLIADO T VING	
ARATÁ/J	OSPH/A. A.A.		82 Street Add	DEGNALD T- LING ress (P.O. Box Number is Not Accept 704- PANGER DAN	lable)
3428 W/	KENNEDY/BIAID.		6	704 CANGER VAN	E
TAMBA #1	236609/ 'L		83	•	
			84 City		85 Zip Code
•				TAMPA	FL 33615
15. Pursuant t	o the provisions of Sections 607.09	i02 and 607.1508. Florida Statutes orida: Such change was authorized	s, the above-named corpor d by the corporation's boa	iration submits this statement for the l ird of directors. I hereby accept the a	purpose of changing its registered office ppointment as registered agent. I am
familiar wit	th, and accept the obligations of, S	ection 607.050%, Floy de Statutes.	,		ppointment as registered agent. I am
SIGNATURE _	Anna	25 1 /4/	E. Frageleied Agest Esplature resur		DATE
	Signature, typical or printed not spatial registered a	AND DIRECTORS (NO.1	13.		FEIGERS AND DIRECTORS IN 12
12.	PO	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KING, BEVERLY E.		1.2 NAME		
STREET ADDRESS	6704 RANGER DR.		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CHY+ST+ZIP		
TITLE	VPD	☐ DELFTE	2 1 TUTLE		Change Addition
NAME	KING, JEFFREY B.		2 2 NAME		
STREET ACDRESS	6706 RANGER DRIVE		2.3 STREET ADDRESS		
City-ST-ZiP	TAMPA FL		2 4 CITY - ST - ZIP		
TITLE	ST	☐ DELÉTÉ	3 1 MLF		Change Addition
NAME	KING, BERNARD		3.2 NAME		
STREET ADDRESS	6704 RANGER DR.		3.3 STREET ADDRESS		
CHTY-ST-ZIP	TAMPA FL		3 4 CHY-ST-ZIF		Change Addition
T:TLE		☐ DELETE	4 I TillE		□ cuange □ Muniton
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	~~~~	200
CITY - ST - ZIP		FT DELETE	4.4 CITY - ST - ZIP		1114
TITLE		☐ DELFT€	5 1 TITLE	<u> </u>	III 14UEU
NAME			5 2 NAME	≉≉≉∠∪U.UU	
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP		☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change (Addition
TITLE			6.2 NAME		~ \
NAME			6.3 STREET ADDRESS		645>
STREET ADDRESS			D 3 STREET ADDRESS		N .3

CiTY-ST-ZIP

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 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 charged, or on an attachment with an address.

SIGNATURE:

Hw/96 813 875-9525