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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G72197

(8)

THE SIGN WORKS, INC.

Principal Place of Business		Mailing Address			( 1004))4 4011 10010 11047 (40/8 1011 140) 81944 81814 61617 81844 91011 91911 1461						
PO BOX 233 ST. PETERSBURG FL 33731		PO BOX 233 ST. PETERSBURG FL 33731			DO NOT WRITE IN THIS SPACE						
							Date Incorporated or Qualified 12/02/1983				
2. Principal Place of Business		2a. Mailing Address				4. F	El Number			Applied For	
21		26					59-2348745			Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			i	Certificate of Status Desired			75 Additional e Required		
City & State		City & State				Election Campaign Financing rust Fund Contribution			.00 May Be ded to Fees		
Zip 25	Country	Zip <b>29</b>	Cour 30	ntry		P	his corporation owes or has pa Personal Property Tax due June	30. 🔽	Yes	r Intangible	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
MILLER, JOHN D				81	Name						
216 18TH AVENUE S.E. ST. PETERSBURG FL 33705					32 Street Address (P.O. Box Number is Not Acceptable)						
				83							
				84	City			FL	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. 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR					
TITLE	Р	DELETE	1.1 TITLE		☐ Change	Addition [			
NAME	MILLER, JOHN D.		1,2 NAME			}			
STREET ADDRESS	216 18TH AVENUE S.E.		1.3 STREET ADDRESS			[			
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY - ST-ZIP						
TITLE	S	DELETE	2.1 TITLE		Change	Addition			
NAME	MILLER, SANDRA E.		2.2 NAME						
STREET ADDRESS	216 18TH AVENUE S.E.		2.3 STREET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY - ST - ZIP						
TITLE	ν .	DELETE	3.1 TITLE		Change	Addition			
NAME	MILLER, CURTIS J		3.2 NAME						
STREET ADDRESS	242 59TH AVE S		3.3 STREET ADDRESS	•		ļ			
CITY-ST-ZIP	ST PETERSBUR <b>I</b> IG F↓		3.4. CITY-ST-ZIP						
TITLE		☐ DELETE	4,1 TITLE		Change	Addition			
NAME			4, 2 NAME			ĺ			
STREET ADDRESS			4.3 STREET ADDRESS			ļ			
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		DELETE	5.1 TITLE		☐ Change	Addition [			
NAME			5.2 NAME			ľ			
STREET ADDRESS			5.3 STREET ADDRESS			{			
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE		☐ DELETE	6.1 TITLE		Change	Addition			
NAME			6.2 NAME						
Street address			6.3 STREET ADDRESS						

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.

SIGNATURE:

CAS 1 MILERE RCUCKS SI MULEC

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**FILED** 

Jan 29 1998 8:00am

Secretary of State

CR2E034 (10/97