

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H07785 (9)
1. Corporation Name
PASCO MEDICAL ARTS SIGN CORPORATION

Principal Place of Business

7335 GALL BLVD #2
ZEPHYRHILLS FL 33541
US

Mailing Address

7335 GALL BLVD #2
ZEPHYRHILLS FL 33541
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/13/1984

3a. Date of Last Report

02/15/1994

4. FEI Number

59-2503035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DIERICKX, PAM L.
1546 ROBIN HOODS TR
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name

Bingham, James H.

82 Street Address (P.O. Box Number is Not Acceptable)

83

14414 Willow Run Dr.

84 City

Dade City

FL

85 Zip Code

33525

11. Pursuant to the provisions of Sections 607.0605 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 this State or 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 obligation of, Sections 607.0605, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PARKER, JEROME W.
2857 GRANDVIEW DR.
DADE CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
BINGHAM, JAMES H.
14414 WILLOW RUN DR
DADE CITY FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
DIERICKX, PAM L.
1546 ROBIN HOODS TRAIL
LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

PD
Bingham, James H.
14414 Willow Run Dr.
DADE CITY FL 33525

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VSD
Oakley, Thomas E.
11 Lake Link Dr.
Lake Wales FL

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Delete

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Signature) (Name)