FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H10807** **(6)**

1. Corporate Name

"TINY'S" SIGN CO., INC.

Principal Place of Business

% WILLIAM E. WILLS
1403 BIG OAK CT
BRANDON FL 33511

Mailing Address

% WILLIAM E. WILLS
1403 BIG OAK CT
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/02/1984**

3a. Date of Last Report: **08/15/1994**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

County
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

County
30

4. FEI Number: **59-2265277** ☐ 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

WILLS, WILLIAM E.
1403 BIG OAK CT
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1505, 617.1505 or 620.1905, 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. The corporation is authorized by the corporation's board of directors to make the above change as registered agent. I am familiar with and accept the obligations of the position as set forth in Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

1. TITLE	PD
1. NAME	WILLS, WILLIAM E.
1. STREET ADDRESS	1403 BIG OAK CT
1. CITY-ST-ZIP	BRANDON FL
2. TITLE	D
2. NAME	WILLS, FRONDA A.
2. STREET ADDRESS	1403 BIG OAK CT
2. CITY-ST-ZIP	BRANDON FL
3. TITLE	
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY-ST-ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY-ST-ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY-ST-ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 1, or 12, or 13 with an asterisk (*) in front of it as an officer or director with an address.

SIGNATURE: *Wm E Wills* 5-6-95 685-1837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

0264308 CP