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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LIGOTO

1. Corporation	L SIGN CO., INC.				
Principal Place	of Business	Mailing Address			fil brans minst nikti diğir dini redi
% DIAN M. STOKEY % DIAN M. : 941 W. JEFFERSON ST. 941 W. JEFF		% DIAN M. STOKEY 941 W. JEFFERSON ST. BROOKSVILLE FL 34601		DO NOT WRITE IN TI	HIS SPACE
~~ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \				 Date Incorporated or Qualifed 12/07/1984 	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2553243	Not Applicable
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27					Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 3	Country	This corporation owes the current year Personal Property Tax.	Intangible Yes No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
A-0/2/ PANA					
STOKEY, DIAN M.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
941 W JEFFERSON ST					
BRU	ÖKSVILLE FL 34601		83		ļ
	•		84 City		85 Zip Code
}	•				-L 153 Zip 5000
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	thorized by the comorati	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE		NOTE OF	Registered Agent signature require	od when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP CHOCKS AN	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STOKEY, GUY R.		1.2 NAME		
STREET ADDRESS	941 W JEFFERSON ST		1.3 STREET ADORESS		
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STOKEY, DIAN M.		2.2 NAME		
STREET ADDRESS	941 W JEFFERSON ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME .			3.2 NAME		, - '
STREET ADDRESS	-		3.3 STREET ADDRESS		
CITY-ST-ZIP			34. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		,
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
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		ľ
STREET ADDRESS			6.3 STREET ADDRESS		ĺ

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 chapters or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP