

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J07308 (6)

1. Corporation Name

INSTANT BANNERS & SIGNS, INC.



Principal Place of Business

Mailing Address

851 W. HWY. 436, SUITE 1027  
SUITE 1033  
ALTAMONTE SPRINGS FL 32714  
US

851 W. HWY. 436, SUITE 1027  
SUITE 1033  
ALTAMONTE SPRINGS FL 32714  
US

3. Date Incorporated or Qualified  
04/02/1986

3a. Date of Last Report  
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 851 W Hwy 436

26 851 W Hwy 436

22 Suite 1033

27 Suite 1033

23 Altamonte Springs FL

28 Altamonte Springs FL

24 32714 25 USA

29 32714 30 USA

4. FEI Number  
59-2661141

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

10. Name and Address of New Registered Agent

MARTIN, MELVIN THOMAS  
470 EAGLE BROOK CT  
DEBARY FL 32713

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 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

Signature of the person or persons filing this statement

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

P ☐ DELETE  
NAME MARTIN, MELVIN THOMAS  
STREET ADDRESS 470 EAGLE BROOK CT  
CITY-ST-ZIP DEBARY FL

V ☐ DELETE  
NAME MARTIN, ORA M.  
STREET ADDRESS 470 EAGLE BROOK CT  
CITY-ST-ZIP DEBARY FL

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition  
1.2 NAME Carolyn S Winne  
1.3 STREET ADDRESS 118 Burgess Road  
1.4 CITY-ST-ZIP Winter Springs, FL 32708

2.1 TITLE Secretary-Treasurer ☐ Change ☒ Addition  
2.2 NAME Kevin E. Winne  
2.3 STREET ADDRESS 118 Burgess Road  
2.4 CITY-ST-ZIP Winter Springs, FL 32708

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 changed, or on an attachment with an address.

SIGNATURE: *Melvin Thomas Martin* MELVIN THOMAS MARTIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 1-407 869-066  
Date Daytime Phone

CR2E034 (12/95)