FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00			
CORPORATION ANNUAL REPORT	DA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  SION OF CORPORATIONS	FILED CEMEY 26 MIG: 11	
DOCUMENT # JZ 1569  1. Corporation Name	Ŧ.V	A MILLER SEE, FLORID	٨
CENTRAL FLORIDA STREET SIGNS	Lvc		
Principal Place of Business Mailing Address  380 WALNUT STREET  ORINOND BEACH, FLORIDH 32174		300028984430 -06/08/9901067020 *****70.00 *****70.00 DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
2. Principal Place of Business       2a. Mailing Add         21       26         Suite, Apt. #, etc.       Suite, Apt. #         22       27		8-1-86 4. FEI Number 59-2689221 5. Certificate of Status Desired  [4]	Auplied For Not Applicable \$8.75 Additional Fee Required
27     27	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 25 29 9. Name and Address of Current Registered Agent	[30]	This corporation owes the current year in Personal Property Tax.      Name and Address of New Registered	[ Yes [4Ho
JAMES D. DAY JR 641 PINELAND TR ORMOND BEACH, FLOCIDA 3.2174  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Flor office or registered agent, or both, in the State of Florida. Such char agent I am familiar with, and accept the abligations of Section 607	82 Street Addre 280 1	ess (P.O. Box Number is Not Acceptable)  Whi war for the purpose on's board of directors. I hereby accept the appo	₹5 Zip Code 3-2/74 f changing its registered intment as registered
SIGNATURE Educated Soloff 5-24-99			
Signature, typod o printegraphe of registered authority table if applicable  12. OFFICERS AND DIRECTORS  TITLE VICE PRESIDENT & SECRETARY LIFE  NAME SAMES D. DAY 3 R  STREET ADDRESS 641 PINELHALD TRAIL	13. 11 TITLE PRE 12 NAME F DE	ADDITIONS/CHANGES TO OFFICERS A ESIDENT & SECRETARY WARD J. GOFF O WALNUT STREET	ND [ IRECTORS IN 12   Change [ ] Addition
CITY-ST-ZIP DRMOND BEACH, ELURIDA 321	174 14 CHY-S1-ZIP CRA 24 THILE TR 22 NAME M/3	MOND BEACH, FLORIDA EASURER CHAEL D. GOFF 3 GRANADA STREET	[Lenange [] Addition
CITY-ST-ZIP ORMOND BEACH, FLORIDA 32.	2 4 CITY-ST-ZIP ROYA 31 TIFLE VIC 32 NAME D64	AL PALM BEACH , FLORIDA E PRESIDENT RA VAN ZILE	3.3.4// [4 <del>-enange</del> [*] Addition
NAME	34 CITY-ST-210 /// // DELETE 41 TITLE 4 2 NAME	OF 39 ILLSBORD, DELAWARE	/9966 [] Change [] Addition
NAME	43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME		[] Thange [] Addition
STREET ADDRESS CITY-S1-ZIP	53 STREET ADDRESS 54 CITY-ST-ZIP		

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 oat i, that I amany 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, with all other tike empowered.

61 TITLE

6 2 NAME

DELETE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

5/24/99

904-673-4731 Daytine Fhone

[ ] i hange

☐ Addition