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 -1 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J30007** **(5)**

1. Corporation Name
SIGN DESIGN & SCREEN PRINTING, INC.

Principal Place of Business	Mailing Address
% PAULA POOLE 1728-A AGORA CIR. S.E. PALM BAY FL 32909	% PAULA POOLE 1728-A AGORA CIR. S.E. PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/21/1986**
3a. Date of Last Report: **08/11/1994**
4. FEI Number: **59-2697338** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

POOLE, PAULA
1728-A AGORA CIR. S.E.
PALM BAY FL 32909

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 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: Paula G. Poole PAULA G. POOLE 4/28/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 TITLE ☐ Change ☐ Addition
NAME	POOLE, KEITH	1 NAME
STREET ADDRESS	175 GOLD COAST RD.,N.E.	1 STREET ADDRESS
CITY-ST-ZIP	PALM BAY FL	1 CITY-ST-ZIP
TITLE	D	2 TITLE ☐ Change ☐ Addition
NAME	POOLE, PAULA	2 NAME
STREET ADDRESS	175 GOLD COAST RD. N.E.	2 STREET ADDRESS
CITY-ST-ZIP	PALM BAY FL	2 CITY-ST-ZIP
TITLE	D	3 TITLE ☐ Change ☐ Addition
NAME	MCELWEE, STEVEN W.	3 NAME
STREET ADDRESS	3680 LEGGHORN RD. N.E.	3 STREET ADDRESS
CITY-ST-ZIP	PALM BAY FL	3 CITY-ST-ZIP
TITLE		4 TITLE ☐ Change ☐ Addition
NAME		4 NAME
STREET ADDRESS		4 STREET ADDRESS
CITY-ST-ZIP		4 CITY-ST-ZIP
TITLE		5 TITLE ☐ Change ☐ Addition
NAME		5 NAME
STREET ADDRESS		5 STREET ADDRESS
CITY-ST-ZIP		5 CITY-ST-ZIP
TITLE		6 TITLE ☐ Change ☐ Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 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)(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 changed, or on an attachment with an address.

SIGNATURE: Keith R. Poole KEITH R. POOLE - PRES. 4/27/95 (405)984 3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

0073068 CP