FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # J67649

(0)

SUTTON NEON SIGNS, INC.

Principal Place of Business

Mailing Address

8159 CYRIL AVENUE

6159 CYRIL AVENUE

FILED May 19 1997 8:00am Secretary of State



ORLANDO FL 32809		ORLANDO FL 32809-5045							
					3. Date Incorporated or Qualified 04/16/1987	3a. Date of Last Report 01/22/1996			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	1			ied For
21		26			59-2810421			Not A	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution			.00 M	
Zip	Country 25	Zip 29	Count	ry	8. This corporation has liability for in Florida Statutes	ntangible Yes		der s. 1	99.032,
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	gistered /	Agent		
CUN	NINGHAM, JAMES R., ESQ.		. 8	1 Name					
	HARTFORD BLDG.		a	2 Street A	ddress (P.O. Box Number is Not Acceptable	le)			
	E. ROBINSON ST. ANDO FL 32801		8	3					
			8	4 City			85	Zip Co	de
44 5						<u>FL</u>			
office or r agent. I a	io the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	id2 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, Fl	tes, the abo authorized lorida Statut	ive-named c by the corpo es.	corporation submits this statement for the poration's board of directors. I hereby accep	urpose of of the appo	chang ointrner	ing its r at as re	egistered gistered
SIGNATURE	Signature, typed or printed name of registered a	gent and little if applicable. (NO	TC Registored A	gent signature re	equired when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND			N 12
TITLE	POT	DELETE	1.1 7011				Cha	inge [Addition
NAME	SUTTON, REX A		1.2 NAM	ŧ]					
STREET ADDRESS	6159 CYRIL AVE.		1.3 S1RE	E1 ADDRESS					
CITY-ST-ZIP	ORLANDO FL		1.4 CITY	-ST-ZIP					
TITLE	V	DELETE	2.1 TITU				☐ Cha	inge (Addition
NAME	SUTTON, LESTER		2.2 NAM	E					
Street address	6159 CYRIL AVE.		. 23 STRE	ET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY	'-ST-ZIP					
TITLE		DELETE	3.1 JULU	.			Cha	inge	Addition
NAME			3.2 NAM	E Ì					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE	*	☐ DELETE	4.1 TITL				☐ Cha	inge (Addition
NAME			4. 2 NAM	(E					
STREET ADDRESS			4.3 STRE	ET ADDRESS	•				
CITY-ST-ZIP			4.4 DITY	- SI - ZIP					
TULE		DELETE	5.1 JTTL				☐ Cha	inge [Addition
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 \$ TRE	FT ADDRESS					
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		DCLETE	6.1 TITLI				Cha	ınge	Addition
NAME			6.2 NAM	E					
STREET ADDRESS			6.3 \$TRE	ET ADDRESS					
CITY-ST-ZIP			64 CITY	-ST-ZIP					
	ay andify that the information cumpli	ad with this filips does not avail			and in Contine 110 07/2/() Elected Statutes	a I di subbi as	a contide	Ab at 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

497.855 1928