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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

CITY-ST-ZIP

J81307

ALL MARK PAVEMENT MARKING SYSTEMS,INC.

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Principal Place	e of Busines	s		Mailing Address							1 100(II I 0 Q103 1010) (I000 1 IIII) 99(II II	IBI BABNI BIY		II WIW II 1891
P.O. BOX 290560 P.O. BOX 290560														
TAMPA FL 33687					TAMPA FL 33687					DO NOT WRITE IN THIS SPACE				
										-	3. Date Incorporated or Qualified			
											07/06/1987			
2. Principal Pl	lace of Busi	ness		26	, Mailing Addre	ess		-		- 1	4. FEI Number		Ar	oplied For
21				26							59-2828760		No	ot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						,	5. Certificate of Status Desired			Additional
22					27									equired
City & State	е		City & State						- (8. Election Campaign Financing			May Be	
23					Z _{ID} Country						Trust Fund Contribution	<u> </u>		to Fees
Zip	Country			29	, ·			Journey		'	 This corporation owes or has p Personal Property Tax due Jun 		<u> </u>	tangibie □ No
24	o Name	and Ad	idress of Curren		tered Agent	[30	<u> </u>				O Name and Address of New R			
BA	RNSTINE,						8	1	Name					
	522 U.S. 30						L	┵	0 (1)		/0.0 B- 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Sed a N		
120 #11) I 1101	ΜП					82 Street Address (P.O.			(P.O. Box Number is Not Accepte	Die)		
	Onotosa:	SSA FI	33502				8	3						
110	OHOLOUM	oon it	. 00032				Ļ	_ _	Ο.,					0-1-
							8-	۱"	City			FI	L 85 Zip	Code
11. Pursuant 1	to the provis	ions of	Sections 607.050	2 and 6	07.1508, Florid	a Statutes,	the abo	ve-	named co	corporat	tion submits this statement for the s board of directors. I hereby access	purpose	of changing i	ts registered
office or re	egistered aç m f am iliar w	jent, or ith. and	both, in the State accept the obliga	of Flori ations o	da. Such chang f. Section 607.0	ge was autr 0505, Florid	iorized t a Statuk	oy t es.	tne corpor	oration's	s board of directors. I hereby acce	pr the ap	ppointment as	registered
SIGNATURE														
Old Williams	Signature, typico	for printed	name of registered ager			(NOTE: Re		gent	t signature rec	equired wh	nen reinstating)	DATE		
12.			OFFICERS AND	DIRE		FTF	13.				ADDITIONS/CHANGES TO OFF	CERS AN	OD DIRECTOR Change	RS IN 12
TITLE	PTD	TILLE 1	ADEN E	DELETE			1.1 TITLE					L Change	Addition	
NAME			KAREN E.				1.2 NAMI							
STREET ADDRESS			ton creek de	١.			1.3 STRE							
CITY-ST-ZIP TITLE	SEFFNE VS	H FL			☐ DEL	FTF	1.4 CITY- 2.1 TITLE		- ZIP				Change	Addition
NAME	BORNS	TIME E	DOV A		اعاد ليبا		2.2 NAMI							
STREET ADDRESS			TON CREEK DE	,			23 STRE		ADDRESS					
CITY-ST-ZIP	SEFFNE		1011 OHLLIN DI	•			2 4 CiTY							
TITLE	VLI I 11L				☐ DEL	LETE	31 TITLE						☐ Change	Addition
NAME							3.2 NAMI	Ε						
STREET ADDRESS							3.3 STRE	ET A	NDDRESS					
CITY-ST-ZIP							3.4. CITY							
TITLE				****	☐ DEL	LETE	4.1 TITLE						Change	Addition
NAME							4. 2 NAM	E	1					
STREET ADDRESS							4.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP							4.4 CiTY-	ST-	- ZIP					
TITLE					DEI	LETE	5.1 TITLE						☐ Change	Addition
NAME							5.2 NAMI	E						
STREET ADDRESS							5.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP			.,				5.4 CITY		- ZIP					- 1 a ces
TITLE					☐ DEL	LETE	6.1 TITLE						Change	Addition Addition
NAME							6.2 NAMI							
STREET ADDRESS							6.3 STRE	ET A	ADDRESS					

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 changed, or on an attachment with an address.

Karen E. Bornstine

2/10/08 SUBULTANC

FILED

Apr 01 1998 8:00am

Secretary of State