

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90041 001 \*\*\*150.00

DOCUMENT # K34640

1. Corporation Name  
SIGN TALK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4949 SUNBEAM RD #4 %ROBERT V. DUSS JACKSONVILLE FL 32257		Mailing Address 4949 SUNBEAM RD #4 %ROBERT V. DUSS JACKSONVILLE FL 32257	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 09/28/1988		4. FEI Number 59-2911488	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent RICHARDSON, MARK 922 CARNOUSTIE LANE JAX FL 32256		10. Name and Address of New Registered Agent 81 Name: MARK RICHARDSON 82 Street Address (P.O. Box Number is Not Acceptable): 12610 CACHET DRIVE 83 84 City: JAX FL 85 Zip Code: 32223	
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] MARK RICHARDSON 2/24/99 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE NAME: RICHARDSON, MARK S. STREET ADDRESS: 9229 CARNOUSTIE LN CITY-ST-ZIP: JAX FL		1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	
TITLE: D <input type="checkbox"/> DELETE NAME: RICHARDSON, SUSAN S. STREET ADDRESS: 9229 CARNOUSTIE LN CITY-ST-ZIP: JAX FL		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	
TITLE: AS <input type="checkbox"/> DELETE NAME: DUSS, ROBERT V. STREET ADDRESS: 112 W. ADAMS ST #1402 CITY-ST-ZIP: JACKSONVILLE FL		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	
TITLE: VP <input type="checkbox"/> DELETE NAME: BOWSER, RICHARD STREET ADDRESS: 12374 TEAL RUN COURT CITY-ST-ZIP: JACKSONVILLE FL		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 6.3 STREET ADDRESS: 6.4 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 904-737-9119

CR2E034 (11/98)