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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 4:44

DOCUMENT # K66871 (0)

1. Corporation Name
SUNSTATE AWNING & GRAPHIC DESIGN, INC.

Principal Place of Business	Mailing Address
50 KEYES COURT SANFORD FL 32773 US	50 KEYES COURT SANFORD FL 32773 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/20/1989
3a. Date of Last Report: 03/28/1994

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

4. FEI Number: 59-2939835 ☐ Applied For ☐ Not Applicable

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

HANLEY, DONALD M.
150 CHARLOTTE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

61 Name: DONALD M. HANLEY
62 Street Address (P.O. Box Number is Not Acceptable): 50 KEYES COURT
63
64 City: SANFORD FL 65 Zip Code: 32773

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVP	11 TITLE		☐ Change ☐ Addition
NAME	PETERSON, STEWART F.	12 NAME		
STREET ADDRESS	310 GOLFBROOK CIRCLE, #206	13 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	CHAIRMAN	☒ Change ☐ Addition
NAME	NELEN, MARK A.	22 NAME		
STREET ADDRESS	453 MORNING GLORY	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP		
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	HANLEY, ALAN M.	32 NAME		
STREET ADDRESS	1520 NOBLE STREET	33 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: _____ CHAIRMAN-SUNSTATE AWNING 3/28/95 407-330-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061190 CP