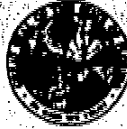


4-17-95 B-3413 C  
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 17 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09631

(7)

1. Corporation Name

ACCENT SIGNS, INC.

Principal Place of Business

Mailing Address

% JAMES O. WEATHERLY  
135 EDMERE WAY S  
NAPLES FL 33999

% JAMES O. WEATHERLY  
135 EDMERE WAY S  
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/15/1989

3a. Date of Last Report

01/20/1994

4. FEI Number

65-0138291

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

2. Principal Place of Business

2a. Mailing Address

21 335 AIRPORT ROAD N

26 335 AIRPORT RD N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 NAPLES, FL

28 NAPLES, FL

Zip

Country

Zip

Country

24 33942

25 Collier

29 33942

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEATHERLY, JAMES O.  
135 EDMERE WAY S  
NAPLES FL 33999

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME WEATHERLY, JAMES O.  
STREET ADDRESS 135 EDMERE WAY S  
CITY - ST - ZIP NAPLES FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Jorge Puente  
335 AIRPORT RD N  
NAPLES, FL 33942

☒ Change ☐ Addition

TITLE D  
NAME WEATHERLY, MARILYN S.  
STREET ADDRESS 135 EDMERE WAY S  
CITY - ST - ZIP NAPLES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

MARCELOS PUENTE  
335 AIRPORT RD N  
NAPLES FL, 33942

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES O. WEATHERLY

4/5/95

643-5711