

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Wanda B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:50

DOCUMENT # L10728 (8)

1. Corporation Name:

SPEAK-N-SIGN, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office of Incorporation

**% CRAIG W. RUDOLPH
5390 HOFFNER AVE.
ORLANDO FL 32812**

Mailing Address

**% CRAIG W. RUDOLPH
PO BOX 2113
GOLDENROD FL 32733-2113
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2984184	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 is exempt from corporation tax under 22, Chapter 22, Florida Statutes ☐ Yes ☐ No	

2. Principal Office of Business 21 2596 Creekview Cir State: Ap 8 04	2a. Mailing Address 26 State: Ap 8 04
22 City & State 23 Oviedo, FL 32765	27 City & State 28
24	25
29	30

9. Name and Address of Current Registered Agent

**RUDOLPH, CRAIG W.
5390 HOFFNER AVE.
ORLANDO FL 32812**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85
Applicable

11. Pursuant to the provisions of the law and the Constitution of the State of Florida, I, the undersigned, do hereby certify that the information furnished in this statement is true and correct, and that the corporation is in good standing and is not delinquent in the payment of its taxes and is not in violation of any law or ordinance of the State of Florida.

12. Signature

**DPS
RUDOLPH, CRAIG W.
2596 CREEKVIEW CIR
OVIEDO FL
VT
RUDOLPH, PAUL E.
8155 HATTERAS RD
ORLANDO FL**

13. Additional Officers or Members	☐ Officer ☐ Member
1. Name	
2. Street Address	
3. City	
4. State	
5. Zip	
6. Title	
7. Date of Appointment	
8. Date of Termination	
9. Date of Election	
10. Date of Resignation	
11. Date of Death	
12. Date of Involuntary Liquidation	
13. Date of Revocation	
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14. I, the undersigned, do hereby certify that the information furnished in this statement is true and correct, and that the corporation is in good standing and is not delinquent in the payment of its taxes and is not in violation of any law or ordinance of the State of Florida.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95 427-611-9644