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

APPROVED AND FILED

95 APR 24 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L86301** **(3)**

1. Corporation Name

HAWKEYE SIGN & ART, INC.

Principal Place of Business	Mailing Address
3992 PROSPECT AVE NAPLES FL 33942	3992 PROSPECT AVE NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1990
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 1377 Airport Rd. N
22 Suite, Apt. #, etc.
23 City & State: Naples, FL
24 Zip: 33942
25 County: Collier

2a. Mailing Address
26 1377 Airport Rd. N
27 Suite, Apt. #, etc.
28 City & State: Naples, FL
29 Zip: 33942
30 County: Collier

4. FEI Number: 65-0206496 ☐ 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

RANKIN, DOUGLAS L.
865 FIFTH AVE., SOUTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

61 Name: Rankin, Douglas L.
62 Street Address (P.O. Box Number is Not Acceptable): 2335 Tamiami Tr. N
63: Suite 308
64 City: Naples FL 65 Zip Code: 33940

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 familar 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MILLER, DONALD A.	12 NAME	
STREET ADDRESS	3992 PRPSPECT AVE	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	MILLER, PHYLLIS K.	22 NAME	
STREET ADDRESS	3992 PROSPECT AVE	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	ST ☒ Change ☐ Addition
NAME	MILLER, JEFFREY D	32 NAME	Miller, Jeffrey D.
STREET ADDRESS	3992 PROSPECT AVE	33 STREET ADDRESS	1377 Airport Rd. N, Naples, FL
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, FL. 33942
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	KNAPP, JAMES L	42 NAME	Delete
STREET ADDRESS	3992 PROSPECT AVE	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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: Donald A Miller Donald A. Miller, 4/17/95 (813) 643-4420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CP