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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L86301**

<ol> <li>Corporation</li> </ol>	Name						
HAWKEYE SIGN & ART, INC.						@(@(( E)E)) 48@4	
	(D. danse	Mailing Address					
Principal Place of Business Mailing Address							
1377 AIRPORT ROAD N NAPLES FL 33942 NAPLES FL 33942 NAPLES FL 33942							
US US				DO NOT WRITE IN THIS SPACE		<del></del>	
					3. Date Incorporated or Qualifed		İ
					07/06/1990 4. FEI Number		pplied For
2. Principal Place of Business 2a. Mailing Address							ot Applicable
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						<del></del>	Additional
					5. Certifcate of Status Desired	,	equired
27				_	6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution		
Zip	Country	Zip	Country	/	8. This corporation owes the current year		_
24	25 29 30		30		Personal Property Tax.		XIN0
	9. Name and Address of Curre	nt Registered Agent		T	10. Name and Address of New Register	red Agent	
DANI	KINI DOLIGIAS I		81	Name			
RANKIN, DOUGLAS L 2335 TAMIAMI TERRACE N			82	Street Addr	dress (P.O. Box Number is Not Acceptable)		
SUITE 308			83				
NAPLES FL 33940			03				•
7471 223 12 333 13			84	City		FL 85 Zip	Code
44 Overvent	to the provisions of Sections 607 050	02 and 607 1508 Florida Statute	e the abov	re-named corn	poration submits this statement for the purpos	e of changing its	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	eof Florida. Such change was au	itnorizea dv	the corporation	on's board of directors. I hereby accept the a	ppointment as re	egistered
-	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statutes	o.			[
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Age	nt signature require	d when reinstating) OATI		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETÉ 1.1 TI				☐ Change	☐ Addition
NAME	MILLER, DONALD A.		12 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			1.4 CITY-5 2.1 TITLE	ST-ZIP		☐ Change	Addition
TITLE							
NAME	THELEN, THE CO.		2.2 NAME	T ADDRESS			4
STREET ADDRESS			2.4 CITY-	1			
CITY-ST-ZIP TITLE	ST			31-21		☐ Change	Addition
NAME	——————————————————————————————————————		3.2 NAME				}
STREET ADDRESS	1377 AIRPORT ROAD, N			T ADDRESS			
CITY-ST-ZIP			3.4. CITY-			-	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	:			1
STREET ADDRESS			4 3 STREE	ET ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5 2 NAME		•		٠.
STREET ADDRESS	i di		ı	ET ADDRESS			
CITY-ST-ZIP			6.1 TITLE	ST-ZIP		Change	Addition
TITLE		☐ DELETE	6.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS	1		0.3 STREE	-: 400KE99			l

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP