

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS****APPROVED
AND
FILED****95 APR 28 AM 10:18****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # L97728****(4)****1. Corporation Name
QUIKSIGNS, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/31/1990**3a. Date of Last Report 04/28/1994****4. FEI Number 65-0217613****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**
Suite, Apt. #, etc.**26**
Suite, Apt. #, etc.**22**
City & State**27**
City & State**23**
Zip Country**28**
Zip Country**24****25****29****30****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****LAWRENCE, MARGARET E.
4437 SO TAMiami TRAIL
SARASOTA FL 34231****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 reinstating)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****TITLE DP
NAME LAWRENCE, MARGARET E.
STREET ADDRESS 4437 SO TAMiami TRAIL
CITY - ST - ZIP SARASOTA FL****1.1 TITLE ☐ Change ☐ Addition****1.2 NAME****1.3 STREET ADDRESS****1.4 CITY - ST - ZIP****TITLE S
NAME LAWRENCE, MICHELE R
STREET ADDRESS 375 HERON'S RUN DRIVE #926
CITY - ST - ZIP SARASOTA FL****2.1 TITLE ☒ Change ☐ Addition****2.2 NAME****2.3 STREET ADDRESS****2.4 CITY - ST - ZIP****HASTINGS, MICHELE R.
4437 SO. TAMiami TRAIL
SARASOTA, FL 34231****TITLE DV
NAME LAWRENCE, RONALD A.
STREET ADDRESS 4437 SO TAMiami TRAIL
CITY - ST - ZIP SARASOTA FL****3.1 TITLE ☐ Change ☐ Addition****3.2 NAME****3.3 STREET ADDRESS****3.4 CITY - ST - ZIP****TITLE****NAME****STREET ADDRESS****CITY - ST - ZIP****4.1 TITLE ☐ Change ☐ Addition****4.2 NAME****4.3 STREET ADDRESS****4.4 CITY - ST - ZIP****TITLE****NAME****STREET ADDRESS****CITY - ST - ZIP****5.1 TITLE ☐ Change ☐ Addition****5.2 NAME****5.3 STREET ADDRESS****5.4 CITY - ST - ZIP****TITLE****NAME****STREET ADDRESS****CITY - ST - ZIP****6.1 TITLE ☐ Change ☐ Addition****6.2 NAME****6.3 STREET ADDRESS****6.4 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 110.07(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: Margaret E. Lawrence, Pres. (MARGARET E. LAWRENCE) 4-25-95 (813) 923-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number