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 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M72202 (8)

1. Corporation Name

EXPRESS SIGNS SYSTEMS, INC.

Principal Place of Business
301 AIRPORT BLVD
PENSACOLA FL 32503

Mailing Address
301 AIRPORT BLVD
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1988
3a. Date of Last Report: 05/31/1994
4. FEI Number: 59-2881368 — 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 / 26
22 Suite, Apt. #, etc. / 27 Suite, Apt. #, etc.
23 City & State / 28 City & State
24 Zip / 25 Country / 29 Zip / 30 Country

9. Name and Address of Current Registered Agent

GOETTER, PAMELA M.
3740 NORTH PACE BLVD.
PENSACOLA FL 32505

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 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GOETTER, PAMELA M.
STREET ADDRESS	2520 NORTH "W" ST.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	GOETTER, PAMELA M.
STREET ADDRESS	2520 NORTH "W" ST.
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, or on an attachment with an address.

SIGNATURE: Pamela M. Goetter (signature) 5/2/95 904)479-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0469176 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **M72868** **(6)**

1. Corporate Name

DALE HAYES MASONRY, INC.

Principal Place of Business

5525 MANATEE POINT DR
NEW PORT RICHEY FL 34652

Mailing Address

5525 MANATEE POINT DR
NEW PORT RICHEY FL 34652

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **03/21/1988**

3a. Date of Last Report: **05/01/1994**

2. Previous Principal Address — 21

2a. Mailing Address — 26

4. FEI Number: **59-2880354** — Applied For / Not Applicable

State, Apt. # or P.O. — 22

State, Apt. # or P.O. — 27

5. Certificate of Status (optional) ☐ **$8.75** Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 — County — 25

Zip — 29 — County — 30

8. The corporation has subsidy for delinquents for under § 1999.07 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HAYES, DALE P.
5535 MANATEE POINT
NEW PORT RICHEY FL 34652

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 Zip Code

11. Pursuant to the provisions of Section 607.1005, 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.

(If applicable)

12. OFFICERS AND DIRECTORS

Title	DP
Name	HAYES, DALE P.
Street Address	5525 MANATEE POINT DR
City-State-Zip	NEW PORT RICHEY FL 34652
Title	DST
Name	HAYES, MAJEL E.
Street Address	5525 MANATEE POINT DR
City-State-Zip	NEW PORT RICHEY FL 34652

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	
Title	☐ Change ☐ Addition
Name	
Street Address	
City-State-Zip	

14. I further certify that the information supplied with this report 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 with an address.

SIGNATURE: X Dale P. Hayes Pres. Dale P. Hayes 5-4-95 (813) 862-4748

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME TELEPHONE NUMBER

0363738 CP