## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M87841 (6)

**1ST CHOICE GRAPHIX & SIGN COMPANY** 

FILED										
Aug 28 1997 8:00an	n									
Secretary of State										

CH CD



Principal Place of Business Mailing Address						{			
•		Ť							
4207 S HOPKINS AVE 4207 S HOPKINS AVE TITUSVILLE FL 32780 TITUSVILLE FL 32780									
	- 15.13					DO NOT WRIT	E IN THIS S	SPACE	
						3. Date Incorporated or Qualified	3a. Da	te of Last R	leport
						06/27/1988	07	/31/1996	
<del></del>	lace of Business	2a. Mailing Address				4. FÉI Number		Ar	oplied For
21		26				59-2895553			ot Applicable
Sulte, Apt. #, etc.		<b>⊢</b>	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22 City & Ctot		27							equired
City & State	9	City & State				6. Election Campaign Financing			May Be
Zip	Country	<b>28</b>	T	untry		Trust Fund Contribution	<u> </u>		to Fees
24	25	29	30	Juliury		8. This corporation owes or has personal Property Tax due Jun			tangible ☑ No
<u> </u>	9. Name and Address of Curre		[30]	<del></del>	<del></del>	10. Name and Address of New F			J 140
WH	IATLEY, ROBERT C.			81	Name	10.			
	7 S HOPKINS AVE								
	USVILLE FL 32780			82	Street Add	dress (P.O. Box Number is Not Accepted	ible)		
11(1	TTIME IL VEIVV			83					
				84	City		FL	85 Zip (	Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508. Florida Stat	utes, the a	above	l e-named cor	poration submits this statement for the		changing if	ls registered
office or re	egistered agent, or both, in the State of th	te of Florida. Such change was	s authorize	ed by	the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	pt the app	ointment as	registered
-	or laminar with, and accept the obli	gations or, section 607.0505, i	i iuriua sia	atoles	<b>S</b> .				
SIGNATURE .	Signature, typed or printed name of registered a	gont and title if applicable. (Ne	OTE: Register	ed Age	open enulangia Ins	ulred when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE	D	☐ DELETE	1.1 3	TITLE				Change	Addition
NAME	WHATLEY, ROBERT		1.21	NAME					
STREET ADDRESS	23488 LLEWELLYN RD.		1.3 5	1.3 STREET ADDRESS					
CITY-ST-ZIP	CHRISTMAS FL		1.4 (	CITY-S	17- ZIP				
TITLE	D	☐ DELETE	☐ DELETE 2.1					☐ Change	Addition
NAME	WHATLEY, DAVID C.		2.21						
STREET ADDRESS	P.O. BOX 344 N/A		2.3 9	2.3 STREET ADD		es d			
CITY-ST-ZIP	CHRISTMAS FL		2.4	2. 4 CITY - \$1 - ZIP					
TITLE		☐ DELETE	3.11	TITLE				Change	Addition
NAME			3.2 /	NAME	Ì				
STREET ADDRESS			3.3 3	STREET	ADDRESS				
CITY-ST-ZIP		T-1		CITY-S	ST-ZIP	7 av 18 - 17 - 1 - 17 - 17 - 17 - 17 - 17 -			
TITLE		☐ DELETE		TITLE				Change	☐ Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T DEICTE		CITY-S	F-ZIP			Change	(ddita-
TITLE		☐ DELETE		TITLE				☐ Change	Addition
NAME expert apported				NAME	40D0E00				
STREET ADDRESS					ADDRES\$				
CITY-ST-ZIP TITLE		☐ DELETE		CITY-S TITLE	1 - 212			☐ Change	Addition
NAME		□ beteit		NAME	1				- Anoninon
STREET ADDRESS					ADDRESS				
					ADDRESS T. 7/0				
14. I do hereb	by certify that the information suppli	ed with this filing does not our	alify for the	CHTY-S e exe	mption state	d in Section 119.07(3)(i), Florida Statut	es. I further	certify that	the
Information	n i <b>ndicated o</b> n this annual report or	i supplemental annual report is	s true and	accu	rate and tha	at my signature shall have the same led	al effect as	if made und	der oath: that
appears in	Block 12 or Block 13 if charged	or on an atlachment with an a	ddress.	EXEC	чие инстерс	ort as required by Chapter 607, Florida	atatu(05; <b>8</b> /	ю инаструг	iaitie
		N_ A + () ///	D.,		,	yanya phalm			