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Jan 21 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003314 (0)

1. Corporation Name

THE PROFESSIONAL DECAL APPLICATION ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

C/O NATHAN FRANZBLAU
2202 NORTH MAIN STREET
JACKSONVILLE FL 32206

C/O NATHAN FRANZBLAU
2202 NORTH MAIN STREET
JACKSONVILLE FL 32206-3760

3. Date Incorporated or Qualified
07/10/1995

3a. Date of Last Report
01/23/1996

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

4. FEI Number
59-3341777

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

10. Name and Address of New Registered Agent

AKEL, DANIEL D
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MOORE, RON
STREET ADDRESS 104 BELL PARKWAY
CITY-ST-ZIP WOODSTOCK GA 30188

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Filippone, Basil
1.3 STREET ADDRESS 150 River Rd Suite One
1.4 CITY-ST-ZIP Montville, N.J. 07045

TITLE PTD ☐ DELETE
NAME FRANZBLAU, NATHAN
STREET ADDRESS 2202 NORTH MAIN STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CARTHEY, JOHN
STREET ADDRESS 3902 HIGH PINES
CITY-ST-ZIP HOUSTON TX 77068

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME FORD, GREG
STREET ADDRESS 4373 LACOSA AVE.
CITY-ST-ZIP FREMOUNT CA 94536

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NELSON, TOM
STREET ADDRESS 8660 HIGHWAY 7 P.O. BOX 160
CITY-ST-ZIP ST. BONIFACIUS MN 55375

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME MCMULLEN, GENE
STREET ADDRESS 833 WOOSTER ROAD N.
CITY-ST-ZIP BARBARTON OH 44203-1664

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Nathan Franzblau* Nathan Franzblau 1/7/97 (904) 854-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0004708

CR2E037 (9/96)